393 292 ~~246~~ 379

It has been described in detail by Mr. Ceely and others. I believe that the case just narrated was an example of Vaccinia which became gangrenous, and it is of interest to note that the primary lesion of the skin was a hard papule with an umbilicus and so closely resembling variola that it was taken for that disease by the surgeon who saw the case. In a paper written some years ago I attempted to draw attention to the fact that a peculiar form of prurigo which is a common consequence of varicella, sometimes occurs after vaccination and probably in connection with the vaccinia rash. Thus it would appear that there are certain features of similarity as regards the pathological possibilities of vaccinia and varicella and to these I wish now to add the fact that they are both liable to become gangrenous and to end fatally."

99

324 The case of Ethel Mary Thomson, appropriately finds place here. She resided with her parents at 75 Skeene Row, Aberdeen, and was a fine healthy infant till vaccinated (with calf-lymph,) at the age of about five months in two places on the left arm; these became confluent and soon presented the appearance of a great punched-out hole into which an adult's finger could be inserted right down to the bone which was exposed.

Plate VII Fig: 1 is a portrait of the arm; a is the vaccinal hole, b and head are two holes of a similar character disclosing the ribs, the latter was twice the size of the others. On the left great toe was another bad sore which had been lanced on the 10th November, 1903, the right leg was greatly swollen. Fig 2 shows another sore close to the armpit. This is another case of "Vaccinia simulating Syphilis so closely that the most skillful syphilographers would fail to distinguish them".

Day and night the unhappy child moaned piteously. The case was described by Dr Hadwen and Mr: Bonner at a large public meeting in Aberdeen on the night of the day on which their visit to the child had been paid, Nov: IIth: 1903 and in consequence of the publicity thus given to the case three of Aberdeen's most eminent physicians called on the parents and prevailed with them to allow the child to be removed to the Hospital for sick children and to be placed under their care; but all was in vain, and in spite of all they could do death came to the unfortunate child's release on the 25th November 1903. The death certificate gave "Septicaemia" as the cause of death and made no mention of vaccination.

At Thomastown, Belgooly, Ireland, a daughter of Maurice Walsh was vaccinated in 1880 at the age of three months. Three weeks later the child's body swelled all over and a disgusting eruption appeared. The body was covered with boils, from chest to knees which soon became large ulcers, large

Then since Vaccinia is now admitted to be "liable to become gangrenous" why inflict such disease upon the healthy?

Mr. Hutchinson considers this case as supporting the opinion that Cow-pox is small-pox of the Cow. This will be further considered hereafter.

99 Fortunately it has not yet been proposed to vaccinate against Chicken-pox. Neither does Chicken-pox ever end fatally; but "in their anxiety to save vaccination from reproach" fatal cases of small-pox following vaccination have, of late years, been frequently reported as chicken-pox. (See 52nd. Report of the Registrar General of Great Britain P.....)

394 ~~350~~

enough to admit the end of the finger, all discharging matter. The child had been healthy till vaccinated, as were also its parents; the vaccinating officer, Dr: Donovan, congratulated XXX XXXXXXX the mother upon its healthy appearance at the time he vaccinated her. After four months of frightful agony she died on the 24th: March. 1881.

~~Again~~ From HUTCHINSON'S ILLUSTRATIONS OF CLINICAL SURGERY: Pl. 25, Atlas Plate XLVI., Figs. 1, 2 & 3, WE HAVE VARIOUS MORBID CONDITIONS OCCURRING IN VACCINATION SORES.

"In Fig. 1. we have an illustration of common Lupus occurring in and around a scar left by Vaccination. The Lupus patch had been present six or seven years and had followed a few months after vaccination, the patient being a child of eight. The edges of the patch were gradually spreading whilst in the middle a scar had been formed. The kind of lupus is the mildest of the non-ulcerating type.

Fig. 2. shows an arm with two indurated CHANCRES which are just healed, but still covered by a hard crust. There is much dusky induration around the scabs. The sketch was taken in the fourteenth week.

Fig. 3. is from a very curious case. The vaccination sores had never healed. The patient a child of fifteen months, had been vaccinated nine months before the picture was taken. The three sores had remained throughout much in the same condition. They were not in the least indurated, but as shown, their edges were abrupt and their surfaces covered with scab. The child was not strong, but there was nothing special in its condition to account for the state of the sores. There had never been any indication of Constitutional Syphilis. "The contrast in the appearance of these sores with the indurated Chancre depicted in the other portrait is most marked."

325 append 6

The following is from Dr. Hutchinson's "Archives of Surgery" (October 1889.) p. 97 and sub.

These three cases were alike in the following facts. In each instance the area of skin involved in the vaccination inflamed and became gangrenous forming a large and deep ulcer. In each death followed ~~about two~~ a few months after vaccination. In each certain symptoms had occurred which were suggestive of Syphilis, whilst in all there were strong negative facts. In each the child was one of a family, there being older ones who had been vaccinated without detriment (?) andwho remained in good health. In all three the child in question was the only one of them vaccinated at the same time and with lymph from the same source who suffered anything. In all three there was reason to believe that the vaccinifer was healthy, and in one of them the lymph was from a calf. No reasonable doubt can be entertained that in each instance the infants illness and death was a direct result of vaccination. All three were in fair health when the vaccination was

paid by your President, but the present will have to be his last contribution unless strongly supported.

We ought to be able to employ canvassers to secure signatures, paying them for their labor--will you not do something first to procure signatures and secondly to help raising funds? Upholders of vaccination, if honest, must desire the investigation intended to be provided by this bill just as ardently as its opponents and should be asked to prove the honesty of their belief by signing the petition.

Respectfully,

M. R. LEVERSON, President.

HENRY ROHLAND, Secretary.

done: and in all, the local conditions which ensured was such as to induce very serious constitutional disease.

Case (1) The infant was vaccinated May 26th. with Calf Lymph; the child was in good health, the vaccination took well. About the end of a month the sores inflamed. Small sloughs formed followed by Phagedaena, which produced a large and very deep ulcer. A mass of enlarged glands had been present in the arm-pit. A Periostal swelling had formed on the skull, - sores at anus and scrotum and improvement had followed the use of specifics. Dr. H. observes, "that on the supposition that the infant has Syphilis the dates make it almost certain that it was communicated on the day of vaccination. They would not fit with any later contamination of the sores."

The picture seemed complete and it seemed almost unreasonable to doubt that the case was Syphilis. The parents were healthy neither had had Syphilis. An older child, two years old, was in perfect health, the Mother had never miscarried.

On the eighth day the vesicles were normal. On the fifteenth the nurse asked the Doctor to look at the spots, she said they were inflamed: the Doctor did not remember it, so Dr. H. concludes there was nothing then very perceptible. During the third and fourth weeks the nurse said the spots continued inflamed. June twenty-fourth; the thirtieth day of vaccination the real trouble commenced. The arm was much inflamed and swollen, two large scabs were at site of vaccination with much induration beneath and around them. There was a moveable mass of enlarged glands in the arm-pit, not specially tender, and considerable swelling on the right parietal bone. Three or four spots, not unlike Varicella had appeared on the scalp and there were a few small sores on the scrotum, in the groin and at anus; there was also a purulent discharge from one ear.

The next day there was a troublesome sickness and leaden aspect. Three days later it was worse in all respects, fretful and losing flesh. August tenth. There was fluctuation in nodule near the anus. It was incised and a few drops of sweet smelling pus was evacuated. Child was said to be losing flesh. August twelfth is certainly losing flesh, it never smiles but seems free from pain. No rise of temperature, diarrhoea, motions watery, not offensive, follow very shortly after ingestion of food.

August fonteenth. Has emaciated rapidly, temperature normal, very irritable, little sleep, crying aloud constantly unless lulled.

326 — August fifteenth. Is pinched and wan in appearance, color, almost leaden, irritability continues, vomiting and purging.# Head moved restlessly on nurse's arm, no sleep, low moaning cry almost constant, not sharp or sudden.

August sixteenth. A few quiet intervals during the night, but no real sleep, tossing head from side to side at times, constant low moaning cry (~~[illegible]~~) In the [illegible]

100 foot note p 267

I Know nothing more harrowing than this "low moaning cry" of helpless infancy; and when one reflects that such suffering has been induced in tens of thousands of cases by those whose profession is to heal, feelings of shame and horror must fill the mind of every true physician. It is the ringing in my ears of this "low moaning cry" which has forced me to continue the labor of this work in spite of age and illness ~~severe suffering~~ and pecuniary sacrifices which ~~[illegible]~~ it is practically impossible will ever be replaced

[illegible] not given). Five vesicles were produced. Three weeks after the vaccination "the

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326

August sixteenth. A few quiet intervals during the night, but no real sleep, tossing head from side to side at times, constant low moaning cry. In the afternoon convergent squint for about a minute, has emaciated with shocking rapidity; during the afternoon has had occasionally spasmodic movements of the limbs but no muscular rigidity or retraction of neck; epigastrium retracted. Died quietly without fit at twenty minutes past one of the seventeenth.

GANGRENE following VACCINATION.

In Hutchinson's Archives of Surgery Vol. II., p. 215, we read Mr. Clement Lucas has recorded in Guy's Hospital reports for 1884 a case of which the following is a summary: Gangrene following vaccination

"A hand-fed and rather delicate child, born tenth of August 1882, was vaccinated in January 1883 (exact date not given). Five vesicles were produced. Three weeks after the vaccination "the

396 ~~247~~ ~~248~~ ~~382~~

skin at the site of the operation turned black and sloughed." A large thick black slough formed and the sore surrounding became eventually more than two inches long and an inch and half broad, this slough became partially detached before the child's death, which occurred March fourth, about two months after the vaccination. The slough was in two portions, as if by the coalescence of two sores. ~~The condition of the arm is shown in the Atlas, Plate XLVIII~~

Insett

Insett p ~~382~~ (red) 395

Dr Lucas first saw the child February 28th and says: "It was extremely emaciated with sunken cheeks "and eyes and wasted limbs. The abdomen was "tympanitic ..... Buttocks and pudendum were in a "state of intertriginous eczema ..." Left arm swollen and at its upper part presented a somewhat remarkable appearance. A sore commencing at the point of the shoulder extended below the middle of the arm and was occupied in the centre by a large thick slough. The sore was 2 1/8 inches in length by 1 1/2 inches in breadth. It presented a sharply defined edge of ulceration which dipped through the skin into the cellular tissue beneath, and a red blush of injected vessels extended for about 1/2 an inch around. Between the slough and ulcerating edge was a yellow line coated with pus. The slough which was hard, black and dry was divided into two portions, the upper of which was oblong in shape 1 1/4 inches in vertical measurement, one inch across and 1/4 of an inch in thickness. The smaller portion of slough was situated below and in front of that already described, and was about 3/4 of an inch in diameter;

The condition of the arm is shown in the Atlas Plate XLVIII fig 1 Copied from Dr Lucas' lithograph fig 3 opposite p 38 Guy's Hospital Reports, 1884, but the artist has added the colors as described by Dr Lucas which were absent in the drawing in the printed Hospital report.

The "remarkable appearance" will remind the student of these pages of the forecasts by Birch, Moseley and the author of "A conscious view etc" ~~that new and strange diseases would be implanted by vaccination~~; on the basis of what was known even in their time of Pathology and biology that new and strange diseases would be implanted by vaccination.

skin at the site of the operation turned black and sloughed." A large thick black slough formed and the sore surrounding became eventually more thantwo inches long and an inch and half broad, this slough became partially detached before the child's death, which occurred March fourth, about two months after the vaccination. The slough was in two portions, as if by the coalescence of two sores. ~~The condition of the arm is shown in the Atlas, Plate XLV. Fig. 2 and copied from Mr. Lucas' Lithograph, Fig. 3 opposite page (Guy's Hosp. Reports, 1884.~~

Says Mr. Hutchinson: "There can be little doubt that in this case the child died in direct consequence of local gangrene, which was in its turn, a consequence of the vaccination."

In Archives of Surgery, Vol. 33., p.215 is an account of a patient of Dr. Lucas, seen in consultation by Mr. Hutchinson, p.213, states there was not the slightest reason to suspect Syphilis in either parent nor in the patient prior to the vaccination.

"She was a healthy first-born child vaccinated at three months with calf-lymph. There was a slow development of the vesicles. Inflammation of the arm in the third week. Gangrene of the vaccinated arm with large mass of glands in arm-pit. Three nodes in left. Pustule on nose. Recovery under specific treatment.

Case three is the too celebrated Leeds case. The child was the third born to the parents, the two elder ~~being~~ living and in good health. The infant was vaccinated on the twenty-sixth of March being then nearly four months old and in good health. On the sixth day inflamed red spots appeared. The inflammation rapidly developed and others appeared at their margins; and about a fortnight after the vaccination there were two deep holes and much dusky swelling around them. At the end of a month the child seemed ill, the arm was inflamed and the ulcers spreading. A little later there was a false membrane on the velum and tonsils and apthae in the mouth. Next ax small ulcer formed on the upper eyelid of the same side and subsequently one over the ear.

On June the first, more than two months after the vaccination, the child with its Mother was admitted into a ward of the Leed's Infirmary. It had at this time a very large unhealthy ulcer on the upper arm which had destroyed all the skin of the vaccinated area, and besides this the two small phagedaenic sores on the eyelid and ear which have been mentioned.

At this time the mouth was ulcerated and Dr. Littlewood assur-

ed Mr. Hutchinson that neither at this time nor afterwards was there any general eruption. The child was fairly well nourished. The Mother left the Hospital at her own request at the end of three weeks, but returned six weeks later with the infant much worse. Its relapse was attended with large abscesses which had formed very quickly and over which the skin appeared about to slough. The first abscess was in the right buttock and another followed on the upper part of the sternum. Death occurred one month later and a little more than three months after vaccination. The autopsy showed no internal lesions and no affections of the bones. Mr. Hutchinson says "Whatever the real nature, it is of course impossible to refuse to recognize them as the direct consequences of vaccination. Any attempt to do this would be to my mind a dishonesty.(102) Nor shall I make any apology for this admission or for my share in the publication of the facts. The necessity for the practice of vaccination must not be defended by the concealment of occasional ill results, but by the clear enunciation of the undoubted (?) truth that it prevents evils a thousand fold greater than those it causes."

On Page 194 of the same volume of the "Archives" is a letter from a Public Vaccinator to Mr. Hutchinson in which it is said :

"I have just read your article in the "Archives of Surgery" on the fatal cases of gangrenous inflammation after vaccination. In my practice as a public vaccinator, I am sorry to say, I have had several cases, although I know of only one, where death was believed to have been the direct result of the inflammation. Several of the cases occurred in infants who were typical specimens of perfect health. In most of the cases the four vesicles became merged into one deep ulceration which took months to heal up. In no single case could I discover any history of Syphilis in either the affected child or in the vaccinifer. In one series of cases the lymph had been taken from a child who was vaccinated from Calf-lymph supplied by the Local Government Board."

In the Transactions of the Medico-Chirurgical Society for 1842, Vol. XXV., p.253 is an account, by Dr. Gregory of a case of Hemorrhagic Vaccinia as follows :

"May nineteenth, 1842, Mary Ann Webb, aet. four years, a fine child was vaccinated at the Small-pox Hospital by Mr. Marson in five places on the left arm. The child was at the time in perfect health. Her brother aged six, names James, and Sister Jane, aged One and half years were vaccinated at the same time. Lymph for all three children was supplied from the same source an unexceptionably eighth day vesicle. On Sunday May the twenty third, the Mother first perceived that the arm of the child, Mary Ann, presented some unusual characters. It appeared to be more inflamed than the arms of the other children and she noticed at the same time some spots on the child's face. On Thursday May 26th. the

(102) It is to be wished that the physicians of the United States would lay this statement to heart.

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Insert A p 398 (red)

In Mr Hutchinson's Archives of Surgery vol 1 p 193 ~~Dr~~ Mr Hutchinson quotes a letter from Dr W... ~~and~~ who sent a pen-and-ink sketch to illustrate the condition he describes and which says Mr Hutchinson is not unlike that in Mr Clement Lucas's case.

Dr W..... wrote: "I vaccinated on Oct 4th with lymph taken from a healthy child, who is still healthy, of healthy parents, Lancet purified..... child was previously healthy..... Inspected on eighth day October 11th Satisfactory, vesicles beginning to dry up..... ... on 24th October the mother brought it to me. I found a blackish slough at the seat of vaccination an inch and a half across, and a smaller one adjoining its external border about three-eighths of an inch in diameter....."

This child is said to have recovered; but the "morbid condition of the blood" shown by the slough, and which Sir John Simon and Sir James Paget boast is permanent, will have shown its ~~of~~ pernicious ~~effects~~ influence time and again in the life-time of the victim, if physiology and biology are not mockeries of foolishness.

~~In the same work vol II p 22~~

In the same vol: p 197 Mr Hutchinson quotes a letter from Dr H.... whom he describes as "a public vaccinator and a highly skilled surgeon" who wrote: "October 8, 1898

is their cause, and the cause of the ruined ~~life~~ life of this unfortunate maiden.

In the same work vol I p 29 he quotes the case of Mr P... from the Edinboro' Med: Jour: of multiple keloid. Mr P... has "at least

...y after vaccination, the child walked to the Hospital and ...hout feeling fatigued. The vesicle on that day appeared ...as if filled with blood: the areola was of a mahogany color ...ecchymosis and numerous petechiae were dispersed over the whol ...body, more especially on the face and arms. There were several ...tches of ecchymosis on the Tibia. Friday the twenty-seventh of May, Dr. Gregory saw the child. The outer portion of a large areolous circle had assumed a yellowish tint while the inner portions were still of a dark mahogany color. The vesicles themselves were jet-black." The child recovered.

Inselt B. (p 398 red)

In Archives of Surgery vol IV p 231 Mr Hutchinson describes the case of Miss A— 30 years of age, vaccinated for the first time at nine years of age and the scar took on Keloid induration. "From the vaccination scars, long streaks with spurs have extended upwards and downwards. Other growths have also formed, two on the left shoulder within six inches of those on the arm, and one on the left buttock, and one small one in the scar of a burn in front of the right wrist..... also small spots on the right shoulder and right hip..... The vaccination keloids are softening and wasting, but they have become of late very painful. She describes the pain as being occasional but very severe when it comes. She lays much more stress on it than on the itching. .....The Keloid growth on the left buttock is a very well characterised patch one fourth of an inch thick and as big as a florin (of an inch) It is red and glossy.— It is of interest to note that the secondary growths appear to have developed rather separately and gradually and at considerable periods after the original one...."

Mr Hutchinson, who in spite of his obsession by the vaccinal superstition, is a skilled pathologist, makes no attempt to dissociate the lesions from the vaccination, which from the laws of pathology and biology he knows is their cause, and the cause of the ruined life of this unfortunate maiden.

In the same work vol I p 29 he quotes the case of Mr P... from the Edinboro' Med: Jour: of multiple Keloid. Mr P... has "at least

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(h 398ed) Insert B 2

a dozen separate patches of Keloid. Some of them are very large, others not bigger than ohilling (of an inch). I do not count a great number of pea-like nodules which have formed in the scars of suture-punctures after operations. One large Keloid scar on his right shoulder is fringed with these little tubules. His original Keloids formed in the vaccination scars on his left arm....."

In January 1903 I saw a case of Keloid occupying the site of vaccinal scar on the arm of a boy of 14 who was bell-boy in the Hotel Windsor, St Paul Minnesota at which I was staying. It was about one inch in length and five eighths of an inch in width, irregularly rectangular in shape, with the edges rounded off, pinkish in color, hard, but elastic to the touch. Had been "successfully" vaccinated about two years previously with "pure glycerinated calf-lymph" and the keloid appeared about five months after the operation. Being free from pain at the time I saw him, though it was sensitive to touch, he refused treatment, saying, the doctors had been fooling over it and did him no good. While I was still in the city he began to break down and though he did not recognize the fact that he was seriously ill he became unable to fulfil the rather fatiguing duties of his place and was sent to his home in Canada.

In March 1903 ~~ed~~ writing up this case from my

...y after vaccination, the child walked to the Hospital and ...thout feeling fatigued. The vesicle on that day appeared ...as if filled with blood: the areola was of a mahogany color ... ecchymosis and numerous petechiae were dispersed over the whol ...body, more especially on the face and arms. There were several ...tches of ecchymosis on the Tibia. Friday the twenty-seventh of ...ay, Dr. Gregory saw the child. The outer portion of a large ...reolous circle had assumed a yellowish tint while the inner por...ions were still of a dark mahogany color. The vesicles themsel...es were jet-black." The child recovered.

(p 398 red) Insert B3

notes I stated that he was bound to have serious trouble in the near future and that his life was almost certainly ruined. In May 1904 I was informed in reply to ~~my~~ inquiries that he had died the previous December, that ~~his~~ his vaccinated arm became a mass of sores and that he died finally of exhaustion.

... probably that the child was the subject of inherited Syphilis

...day after vaccination, the child walked to the Hospital and ...without feeling fatigued. The vesicle on that day appeared ... as if filled with blood: the areola was of a mahogany color ... ecchymosis and numerous petechiae were dispersed over the whol... body, more especially on the face and arms. There were several ...atches of ecchymosis on the Tibia. Friday the twenty-seventh of ...May, Dr. Gregory saw the child. The outer portion of a large ...areolous circle had assumed a yellowish tint while the inner por...ions were still of a dark mahogany color. The vesicles themsel...es were jet-black." The child recovered.

Archives of Surgery, Vol. III., p. 195.

Keloid in Vaccine Scars. History of the portraits-Ulceration of the vaccinal sore.

"Miss M. eight years of age was vaccinated February 15th., 1888 -8, from CALF-LYMPH. She was eight years old July 1887. The sores had taken Eight months to heal and had for a long time been in a very unhealthy condition. Are said to have smelt very very badly for a long time. Although they were said to have become of considerable size they had never become confluent and the keloid indurations were at a considerable distance from each other. Not long after the vaccination there was a gathering in each ear. There was no suspicion or appearance of inherited Syphilis. Was florid and well grown and her teeth and physiognomy showed no peculiarities.

In the same Vol. p. 221 Dr. Gregory is quoted as saying:

"It is not uncommon to find the child's body covered generally or partially with a papulous eruption of a lichenous character from the ninth to the twelfth day or even later.

In Vol. II., p. 22, 1890-91, Mr. Hutchinson reports, Keloid in Vaccinal scars.

"Mrs. T's infant now eight months old was vaccinated eight months ago. She has now two little buttons of Keloid on her vaccination scars. One of them is very definite, glossy and hard, the other less so. The scars are rather irregular."

Another case, reported to Mr. Hutchinson by Dr. C.S. Watson:

"T.L., aged twenty three months, was vaccinated at four months with CALF-LYMPH in three places which all took. The mother, a careful woman, says all her children were vaccinated, thatbthe sores did not run an usually long course and that there was no fetor from the sores in this case. In September 1889 the child was brought to Dr. Watson with three distinct Keloid nodules.

No. VIII., p. 23
1st. Week... Vaccination patient, a puny child one month old. Thre-e others vaccinated at the same time from the same lymph did well.
2nd. Week... Vesicles very satisfactory.
3rd. Week... Sores had ulcerated and there were vesicles round their margins. Sore spots appeared lower down the arm and a few on the legs.
4th. Week... The eruption was not symmetrical (?) although it became fairly general on the limbs, not on the body.
6th. Week... The child died, apparently from exhaustion.
Mr. Hutchinson remarks: " A good sample of a certain class of vaccinal cases which go wrong. There is not the least reason to suspect any want of care in the vaccinator or defect in the lymph, nor is it probable that the child was the subject of inherited Syphilis

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In Mr. Hutchinson's first series of cases, in which Syphilis was communicated in the practice of vaccination we read: (Trans: of the Royal Medico-Chirugical Society, Vol.LIV., p.320) we are told:

> "Facts as to the Vaccinifer" (A female infant.)
> "The infant had been seen by the public vaccinator whose patient she was, and by the surgeon who borrowed her, and to them, to her own Mother and to those who were vaccinated arm-to-arm from her she bore the aspect of excellent health. She was remarkably well-grown, not in the least fretful and had gone through the stages of her own vaccination perfectly well."
> Out of thirteen persons vaccinated from this child twelve were certainly revaccinations and in ten at least it produced indurated CHANCRES on their arms and other marks of syphilitic infection. Two months after their vaccination, the vaccinifer was brought to Mr. Hutchinson at his request for examination. It was then discovered, so it is alleged, that this vaccinifer bore undoubted marks of Syphilis.

Supposing this to be true, is it not more probable that the ~~to the appearance of health~~ so remarkably Syphilis was inoculated upon her than that a child ~~apparently~~ healthy in appearance to skilled physicians should have had a latent syphilis which should develop in so fatal a manner within a few weeks thereafter?

The child was then four months old, so specially healthy looking that on the eighth day of her vaccination she, having five good, healthy-looking vesicles was "borrowed" to enable the vaccinator in the case (whose patient she was - i.e. he was the family physician) to take to a house where a number of persons were to be vaccinated. A tube was charged with the lymph from one of these vesicles, which it is said "looked quite clear". At the end of three weeks, in all the vaccinees, the scabs had fallen and small round cicatrices alone remained. But at the end of about a month or five weeks further, the scars of several were again becoming sore, and at the expiration of two months it was quite certain that ten out of the twelve had indurated chancres on their arms. Many of them had enlarged glands, whilst two or three suffered from febrile disturbances with roseolar rash. Among the cases were T.B., aged 20, vaccinated in three places on each arm. In two or three on each arm the vaccination took and scabs resulted. Two months after vaccination he had one large ulceration with indurated edges and prominent granulations in the middle. This chancre which was as large as a florin, had resulted from the confluence of two vaccination sores." The scabs fell in three weeks and the sores then seemed

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quite well; "During the sixth week two of the spots on his left arm inflamed and became hard, and during the following week he had a good deal of febrile disturbance. He had an enlarged but softish gland in the axilla."

Mercurial treatment is said to have improved his condition.

After the publication of several of the above described cases, and especially several of those known as "Mr.Hutchinson's cases", viz: in the year I880, Dr.Ernest Hart published a booklet to which he gave the title of "The Truth about Vaccination", and of which he later published one or more editions.

In this he adopted Mr.Seaton's statement made in I868 that the objection that vaccination might convey syphilis, was rejected by enlightened medical opinion. He even went so far as to say that the allegation that vaccination "introduces the matter of diseased animals and children into the blood of healthy children is a distinct falsehood". (P.I5)

He also asserted that "in no single instance have the Government Inspectors of Vaccination been able after the most rigid enquiry to find one single case of syphilis after vaccination". (p.29) This could only be true provided the Government Inspectors religiously took care not to look where they were to be found; for several of Mr.Hutchinson's cases were notorious even in I87I, and Mr.Seaton tried hard to find excuses not to believe them, as may be seen in his testimony before the Select Comm: of the House of Commons, (Q.5458-5486 XX I2th.May, I87I.) Mr.Seaton even insisted that it was impossible, unless the blood from some syphilitic subject got upon the lancet; an absolutely bald assertion, having no warrant in Pathology, Physiology or Biology and ~~an assumption~~ since abundantly refuted by clinical experience; but it is a sample of the bald assertions continually put forward by the vaccinists - of what Bentham termed "falsehoods of temerity".

VACCINAL CARIES, atlas, plate ~~XVII~~ XLIX, Fig.I. is a portrait of Nicholas Gfellen who was examined medically by Drs. Boëns, Oidtman and Professor Vogt / Dr. Grubbeumann and other medical men at the International Anti-vaccination Congress held at Berne in I883. He was a resident of Munsingen in the Canton of Berne. He was born in I836, married in I863, was re-vaccinated in I857 on entering the army and again, forcibly, at the end of April I868, being at the time in good health. He became ill immediately after his re-vaccination in I868. He was an Arquebusier in Company 4 under the com-

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mand of John Ulric Zaug at the new bridge near Berne. There was an excessive inflammation of his arm, sores and ulcers, and his life was long in danger; he was discharged from the army, for his left arm was rendered uesless. The vaccinating (military) physician was Dr. lory of Munsingen. His disease was diagnosed as Caries, (Ulceration of bones) a not unfrequent syphilide. Third report, Royal (Br.) Comm. 1889, Q.9, 468-73.)

In the "North American Journal of Homoeopathy" for March 1904, (3rd. Series, Vol.XIX., pp.162-7) is an account of a "Double dissection of the Inferior Maxilla" by Dr. George Clinton Jeffrey, an evident believer in Vaccination, which he terms "This meritorious and potential therapeutic agent", but is a critic of "its use too frequently without substantial reasons". The patient was a child of six years, suffering from "necrosis of the inferior maxillary bone upon either side". Dr Jeffrey says :

> "Upon the left side there was a sinus in the active stage of eruption, discharging freely of pus that was offensive in character and gave marked evidences of suppuration existing within the bone at the seat of its origin. An examination with a probe served to prove the correctness of the diagnosis, as was plainly evident in the roughened sensation given of the bone at the point brought into contact with the probe. Upon the opposite side of the face, externally, there was a greater degree of swelling, due to activity of the inflammatory process and the further fact that the tissues imprisoned a quantity of pus which, up to this time had found no outlet externally. An examination within the mouth upon the left side gave further evidence of the progress of the progressing caries, for the reason that pus was discharging through a sinus into the buccal cavity, simultaneously with that which was passing through the open wound upon the face. Upon the right side the alveolar process was loose to such a degree as to be movable in its bed with little effort being exercised by the fingers of the examining hand. Throughout the mouth, upon both sides, the teeth were gone, some having been extracted previously by a dentist, while many had loosened and fallen out, due to a retraction of normal support usually found where the gum and alveolar process are in a normal state of health.
>
> With the concurrence of Dr. Freeman, I concluded to operate upon the maxilla on the left side, and performed the operation on the 22nd. day of March, at the Memorial Hospital. An incision was made from the mental process along the body of the bone to the ramus, the facial artery having been previously ligated for the obvious purpose of preventing a loss of blood sufficient to occlude the field of the operation during its progress. The sequestrum was found in length to extend from the middle of the body of the bone to the ramus, which it nearly included, and after much difficulty and care being exercised to avoid the blood vessels of the neck and parotid gland, a piece of dead bone as large as a fifty cent piece was finally removed from its bed. The wound was treated by the open method, being packed and irrigated day by day. While the progress of the case satisfactorily continued upon the left side, which is now practically healed, the disease continued to advance with proportionate activity upon the opposite side of the face.
>
> Preliminary to a second operation, which was contemplated by Dr. Freeman and myself, we invited the co-operation of a surgeon-dentist, Dr. George W. Averell, for the purpose of treating the bone in the more familiar territory within the mouth. Dr. Averell with the assistance of myself and Dr. Freeman, the patient under the influence of an anaesthetic, skilfully removed the alveolar process. The immediate effect of this operation was to invite a

"Upon the left side there was a sunken ridge of scaly epithelium, distending the mouth and pushing the tongue to the right side, which was found to be the seat of the cancerous growth. An examination with a probe revealed the presence of a hard body, which was fixed to the lower jaw, and which was evidently connected with the glands of the neck. The mouth was filled with a fetid saliva, and there was a considerable hemorrhage from the bed. The patient was pale and cachectic, and presented the appearance of one suffering from profound blood poisoning. The operation was performed under chloroform, the patient being placed in the recumbent position, with the head hanging over the edge of the table. The first incision was made from the middle of the upper lip, and carried down through the chin, the lower jaw being divided at the symphysis. The two halves of the jaw were then drawn apart, and the tongue and growth removed. The hemorrhage was free, but was controlled by acupressure. The edges of the wound were then brought together by sutures, and the parts dressed with carbolized oil. The patient was then removed to bed, and progressed favorably, the wound healing by first intention, with the exception of a small sinus at the lower angle of the incision, which discharged for some days. The sutures were removed on the seventh day, and the patient left the hospital on the 14th day after the operation, cicatrization being complete."

Upon the left side there was a small ulcer, which was considered epithelial cancer. An examination with the finger revealed the presence of a hard body, which was fixed to the lower jaw, and which was evidently connected with the glands of the neck. The mouth was filled with a fetid saliva, and there was considerable hemorrhage from the bed. The patient was pale and cachectic, and presented the appearance of one suffering from profound blood poisoning. The operation was performed under chloroform, the patient being placed in the recumbent position, with the head hanging over the edge of the table. The first incision was made from the middle of the upper lip, and carried down through the chin, the lower jaw being divided at the symphysis. The two halves of the jaw were then drawn apart, and the tongue and growth removed. The hemorrhage was free, but was controlled by acupressure. The edges of the wound were then brought together by sutures, and the parts dressed with carbolized oil. The patient was then removed to bed, and progressed favorably, the wound healing by first intention, with the exception of a small sinus at the lower angle of the incision, which discharged for some days. The sutures were removed on the seventh day, and the patient left the hospital on the 14th day after the operation, cicatrization being complete."

With the concurrence of Dr. Kneeman, I concluded to operate on the left side, and perform the operation of

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In the "North American Journal of Homoeopathy" for March 1892, (Vol. XIX., pp. 345-7) is an account of a "Complete dissection of the Inferior Maxilla" by Dr. George Clinton Pettey, an evident resection for malignant disease of the lower jaw, which was successful in every respect. An examination with the finger revealed the presence of a hard body, which was fixed to the lower jaw, and which was evidently connected with the glands of the neck. The mouth was filled with a fetid saliva, and there was considerable hemorrhage from the bed. The patient was pale and cachectic, and presented the appearance of one suffering from profound blood poisoning. The operation was performed under chloroform, the patient being placed in the recumbent position, with the head hanging over the edge of the table. The first incision was made from the middle of the upper lip, and carried down through the chin, the lower jaw being divided at the symphysis. The two halves of the jaw were then drawn apart, and the tongue and growth removed. The hemorrhage was free, but was controlled by acupressure. The edges of the wound were then brought together by sutures, and the parts dressed with carbolized oil. The patient was then removed to bed, and progressed favorably, the wound healing by first intention, with the exception of a small sinus at the lower angle of the incision, which discharged for some days. The sutures were removed on the seventh day, and the patient left the hospital on the 14th day after the operation, cicatrization being complete."

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Dr. Kneeman and myself, we first exposed the co-operation of a surgeon-dentist, Dr. George W. Wagrell, I. C. for the purpose of freeing the lower jaw from the more intimate fellowship with the mouth. Dr. Wagrell made his first incision with the assistance of Dr. Kneeman, the patient being placed in the recumbent position, with the head hanging over the edge of the table. The first incision was made from the middle of the upper lip, and carried down through the chin, the lower jaw being divided at the symphysis. The two halves of the jaw were then drawn apart, and the tongue and growth removed. The hemorrhage was free, but was controlled by acupressure. The edges of the wound were then brought together by sutures, and the parts dressed with carbolized oil. The patient was then removed to bed, and progressed favorably, the wound healing by first intention, with the exception of a small sinus at the lower angle of the incision, which discharged for some days. The sutures were removed on the seventh day, and the patient left the hospital on the 14th day after the operation, cicatrization being complete."

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free discharge of pus into the mouth, which had previously been retained with the tissues of the bone and its contiguous parts. The effect of this operation by the dentist, however, while most successful as regards the purpose for which it was intended, seemed to develop greater intensity in the superficial swelling, as it appeared upon the face, and it was but a matter of very few days when an abscess pointed, discharged, and maintained a sinus, which continuously discharged sanious pus, until the date of my second operation, which was performed on the 31st. day of May, last. The general steps comprised in the first operation were followed in this although the dissection required more extensive ingress to the tissues than the previous one. The sequestrum was finally recognized as about midway between the ramus and the mental process of the bone, where, by careful elevation, purchase was obtained, and, after a period of ten to fifteen minutes a larger portion of the ramus, which was involved in the necrosed condition, was removed, including the condyle, it having been disarticulated from its attachment in the glenoid fossa. The wound upon this side of the face is now being dressed in the same manner, by irrigation and packing, as was the wound opening previously existing upon the left side.

Dr. Jeffrey then proceeds to investigate the clinical history of the case to try and account for the pathological condition. He carefully examines and, with reluctance, eliminates ~~Tranvua~~ Trauma, poisoning by phosphorous or mercury, and syphilis, as possible causes and says :

"There was another circumstance which remains unexplained, in the fact that the child was subjected to Vaccination in May, 1901, five months prior to the time when the first evidences of the disease began to manifest themselves. There is no comment to be made upon this last fact, except it is to give solace and comfort to the disordered minds of those who are antagonistic to this meritorious and potential therapeutic agent, and a just cause of criticism in the minds of those who are antagonistic to its use too frequently without substantial reasons."

The student of these pages will recognize at once that Dr. Jeffrey had not investigated either the pathology of Vaccination or its value as a therapeutic agent when he terms it a "meritorious" one, but the curious thing is Dr. Jeffrey's state of mind. He evidently, in spite of his educational and professional bias, sees that vaccination was the cause of the ruin of this unfortunate child, who could hardly have been vaccinated more than once; and yet is apt only to criticize ~~only~~ "its use too frequently without substantial reasons". There is always

Mr. Hutchinson's Third series:- One case

Vaccinifer - A very large and fat baby, - eight months old; no rash, no trace of condyloma, bridge of nose broad and sunken: mother in good health. Patient, - a Tobacconist aged 46, married, in good health, of good character. Double Iritis; body and and limbs covered with a papular and scaly rash of a definitely syphilitic nature, symmetrical, sores on tonsils, large unhealed sore on arm from vaccination. Vaccinated three months before up to which time he had been in perfect health. During the fourth week after vaccination, and as the sores seemed about to heal, they again inflamed and became ulcerated. An eruption showed six weeks after vaccination, Iritis, ten weeks after. Denied syphilis and on examination not the least trace of venereal disease could be discovered. The vaccination sores at this time were large open ulcers about the size of a shilling, covered with scab and with dusky indurated borders. It was a case of secondary Syphilis in a severe form.

~~Fourth Series:-~~

Fourth Series.

Mrs. M. aged 46:- A Vascular growth in the urethra: the patient's body is covered with stains of a syphilitic rash; was very ill after vaccination, a severe eruption and inflammation of one eye. Was vaccinated May 1871 and two daughters were vaccinated at the same time.

Four punctures were made in the patient's arm; all soon healed the vaccination "did not take". One month later one of the punctures became sore and a hard edged very troublesome ulcer resulted which lasted three months. In a few weeks, i.e. within seven or eight weeks of vaccination she became covered with a rash. It was especially copious on chest and back of neck and palms of hands. In July 1872 the rash had been out eleven months and was still but half cured, iritis in left eye so severe as to threaten destruction of the organ, after some delay was admitted into the Ophthalmic Hospital. When the iritis developed the rash relapsed, the palms became covered with scaly patches, the finger nails became thickened. One of the daughters suffered from transitory (?) rash, no other ill results followed. The vaccinifer seemed healthy, but after vaccination showed symptoms of syphilis.

Fifth Series, (Ib.128)

Two children, one two years old the other an infant. Seen in April 1876. Vaccinated in September 1875: the sores reopened and remained long unhealed. Parents healthy. The older child had dusky scaly scars on the left arm, at place of vaccination and enlarged glands in left axilla, condylomata at anus, on the tongue, and marked alopecia. The younger child had very little hair, developed an eruption on the vulva and adjacent parts, dusky and scaly scars on the left arm, enlarged gland in left axilla.

July: W.C. Eruption on neck, trunk and extremeties.

September first, Left eye very painful and a fortnight later a well marked Iritis with a large nodule in front of iris.

Sixth Series.

A Lady covered with a syphilitic eruption and with two indurated and dusky chancres on the left arm. Was vaccinated in February

"Did not take", but a little spot like a mosquito bite resulted, it heal-ed and six weeks after vaccination the sore formed.

The vaccinists having been driven from their bold assertion of the impossibility of conveying syphilis by vaccination, by the frequently recurring cases of vaccinal-syphilis, resorted to the new phantasy of "glycinerated calf-lymph". Undaunted by the falsification of their previous statements by the FACTS, they now asserted with equal positiveness that with calf-lymph vaccination, vaccinal syphilis was impossible, because, it was alleged the bovine race is incapable of receiving syphilis even by inoculation. This assertion is still made by the more ignorant of the vaccinists, but has been abandoned by the better informed among them. Even if it were true it would not better their case, for as we have seen their great authority, Mr. Jonathan Hutchinson, tells of cases of lesions produced by calf-lymph vaccinations, "which the most skilled syphillographers could not distinguish from Syphilis." But in the "Atlas of skin and venereal diseases with original text", by Dr. Prince A. Morrow, Professor of Venereal Diseases in the University of New York and Surgeon to the Charity Hospital: Dr. Morrow says : (p.5)

> "Experiment has settled in the affirmative the question of the possibility of the transmission of chancroid to the lower animals, altho' the soil is less favorable than in the human species to the production of typical ulcers."
> See also Report of the Italian Commission before cited.

And again, p.6.

> "Numerous experiments which have been made in the successful inoculation of the pus of Acne, Scabies, Herpes, etc.: the resulting ulcers exhibiting all the characteristics of chancroid, would seem to afford proof that the chancroid may originate de novo from the pus of simple imflammations under conditions of uncleanliness and impaired nutrition.

338— At the Meeting of the British Medical Association on the fourth of December, 1879, Dr. Cameron, for years one of the most unhesitating advocates of compulsory vaccination in Great Britain said :-

> "It was unanimously agreed by the profession that whatever the origin of the Vaccine Lymph it was impossible to communicate any other disease with it; and when syphilitic complications were obser-ved, viewed by the light of this preconceived opinion; they were regarded as cases of constitutional disease which had all along existed, though it might have been excited into increased activity by the operation of vaccination. In France, long before this theory was exploded in this country, M. Dupaul, the chief of the vac-cination service of the French Academy of Medicine, became alive to the danger of the spread of syphilitic infection through vaccination."

405 301 ~~275~~ ~~301~~

Dr. Cameron went on to state that Dupaul published a record of outbreaks of vaccinal syphilis in one year in which one hundred and sixty children had been infected and several of them killed. It was not however, until 1871 that a case of wholesale syphilitic vaccination brought before the Royal Medical and Chirugical Society by Mr. Jonathan Hutchinson, another unhesitating advocate of compulsory vaccination, incontestably proved to the unwilling medical profession in Great Britain, that "the theory on which they had so long relied was unsound."

Dr. Cameron then declared that "animal vaccine rendered any such mischance absolutely impossible."

This statement must appear to the student of these pages as "unsound" as Dr. Cameron now admits was the former theory.

At the same meeting Mr. Greene stated:

"At this date in England there could be no reasonable doubt that Cow-pox was the casual variola of the cow."

[illegible] was sounded at the same meeting: Dr. Stevens

Insett p.301 (34)

In Stalwager's "Diseases of the Skin" before quoted, Dr: Welch gives on pp. 458, 460, a table of the various vaccinal disorders confessed by him, as follows:

Vaccinal Eruptions.

Due to Vaccine Virus

- Local
  - Local Erythema
  - [illegible]
  - Dermatitis
  - Local Vaccinia
  - Adenitis
- Systemic
  - More or less generalized erythema
  - Erythema vacciniuum, Roseola, Vaccinia, Urticaria, Erythema multiforma, Generalized-vaccinia, Purpura.

Mixed inoculation introduced at time of the vaccination or subsequently.

- Local
  - Impetigo contagiosa, Ferunculosis, Cellulitis, Erysipelas, Gangrene, Tuberculosis cutis.
- Systemic
  - Gangrene, Pyemia, Syphilis, Leprosy, Tuberculosis.

Sequelae of vaccination
- Eczema, Urticaria, Pemphigus, Psoriasis, Tuberculosis.

He also admits that he had under his own observation a case of Lupus developed at the site of vaccination and followed by death.

405 301 ~~391~~

Dr. Cameron went on to state that Dupaul published a record of outbreaks of vaccinal syphilis in one year in which one hundred and sixty children had been infected and several of them killed. It was not however, until 1871 that a case of wholesale syphilitic vaccination brought before the Royal Medical and Chirugical Society by Mr. Jonathan Hutchinson, another unhesitating advocate of compulsory vaccination, incontestably proved to the unwilling medical profession in Great Britain, that "the theory on which they had so long relied was unsound."

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At the same meeting Mr. Greene stated:

> "At this date in England there could be no reasonable doubt that Cow-pox was the casual variola of the cow."

A discordant note was sounded at the same meeting: Dr. Stevens the Local Government Board said that :-

> "I have seen more vaccinated children than nay man either alive or who has lived. I am of opinion that the arm-to-arm system practised in this country is as nearly perfect as a system could be made, and as efficacious as could be desired."

339 This was echoed by Mr. Henry Lee who said:

> "I have known cases where animal vaccination had been tried and the persons vaccinated had received a disease which had lasted for months.

In the Medical Record for April sixth, 1901, Dr. William Karl bin contributes a paper on "The importance of aseptic Vaccination." e state of mind which shall call for "Asepsis" in an operation, the ry essence of which is sepsis, is difficult of realization by the sane nd; but in his article Dr. Kubin gives a list of the "complications" ich according to Dr. Kubin and the authorities he quotes have certain y followed vaccination.

> Albuminuria. Axillary lymphangitis. Ulceration. Gangrene Hemorrhagic vaccinia akin to hemorraghic small-pox. Haemophi -lia. Keloid. Protracted Fever. Bowel Troubles. Eczematous affections. Ophthalmic vaccinia. Psoriasis.

Insert 302 pencil 406 red altered from 302 red

On an Inquest ~~of~~ upon Reginald John Smith 5 months old ~~infant~~ son of a mail van driver of 88 John St Bridgwater the jury returned a verdict of "Asphyxia following vaccination" Child died on May 26th 1905 having been vaccinated on the 21st From the time ~~date~~ of Vaccination the child became unable to take any food and died of Asphyxia. The vaccinating doctor said the asphyxia was probably caused by some irritation giving rise to Convulsions."
No doubt this was true and it is too well known the now disputed that vaccination is an irritation and has often given rise to Convulsions; yet the V. officer gave it as his Opinion that the child was not injured by vaccination!

ated calf lymph" of that Board inoculated "under strict aseptic precautions." There would be something humerous were it not so terribly tragic in this prattle of the vaccinists about "strict aseptic precautions." The case is one of "vaccinal rheumatism" and has killed the victim after eleven years of dreadful suffering. ~~Here is a strictly Septic operation, the putting beneath the skin of specially septic matter, and then to talk of doing this "under strict aseptic precautions."~~ ~~In this case~~

Pemphigus. Phagadaena. Purulent infection. Erysipelas. Sepsis. Nephrites. Choleriform diarrhoea. Otitis media. Tetanus, or Lock-jaw. Cellulitis. Axillary adenopathy. Septicaemia. Abscesses. Phlebitis. Pyaemia. Thrombosis Uraemia. Axillary abscess. Purpura. Lupus. Asphyxia. Suppuration of glands. Gangrenous ulceration. Phlegmon. Parenchymatous nephritis. Paralysis. Convulsions. Oedema of Lungs. Multiple gangrene. Acute scepticaemia. Acute Osteomyelitis. Contraction of muscles impairing use of arm. Neuritis. Ankylosis. Loss of sensation. Synovitis. Meningitis. Pneumonia. Pyaemic abscess. Pyuria. Glandular abscessin groin. Phlegmonous cellulitis.

This paper will be noticed more at length hereafter

Insert Atlas Plate XL~~VIII~~IX., Fig. 1. is the portrait of Oscar Mohnen, for which I am indebted to Mr. Douglas King of Chicago, Ill. This ias a ruined life. Besides the deformity shown in the front view, there is a ~~similar~~ corresponding projection of the vertebrae between the scapulae. The particular poison which worked this ruin is believed to have been the "pure glycinerated calf lymph" of the Board of Health, because the child was vaccinated by one of the physicians employed by the Board for that purpose and the Board professed at the time to be using that particular brand. The childwas vaccinated early in 1895, being at the time in his fifth year and apparently in perfect health. He became sick immediately and the portrait was taken August 5th., 1897. During the en-tire intervening time he had suffered greatly, and had become intellect-ually dull. His parents and family have a good clinical history, but are described as not very intelligent. It is however, to be borne in mind that they were foreigners and had the difficulties of a foreign language to contend with.

In same Plate XL~~VIII~~IX., Fig. 2 is a case in my own practice. The patient had been a boy of great vitality, an athlete at school and college. He was vaccinated during one of the periodical scares of smallpox raised by the Board of Health of Baltimore, with "the pure glycinerated calf lymph" of that Board inoculated "under strict aseptic precautions." There would be something humerous were it not so terribly tragic in this prattle of the vaccinists about "strict aseptic precautions." The case is one of "vaccinal rheumatism" and has killed the victim after eleven years of dreadful suffering. ~~Here is a strictly Septic operation, the putting beneath the skin of specially septic matter, and then to talk of doing this "under strict aseptic precautions."~~

In this case

The wonderful successes of modern surgery are due to the use of anaesthetics and to Asepsis as discovered by Béchamp. Asepsis is cleanliness, and especially preservation from what are called ~~There is no need to talk about excluding the more or less fanciful~~ air-born germs, which are really minute mass from other animals, which in man are placed in an unfit medium in which they ferment and cause diseased conditions; ~~Just plain~~ common sense cleanliness, excluding ALL kinds of filth, and but they can be excluded by especially ferments, from the wound. And now an unnecessary wound is made, nature's coat of mail is ruptured, and into the wound thus made, the septic matter of disease is inserted, "under strict aseptic precautions." And this is "modern preventive medicine." It needs a new MOlière or a Dean Swift to do it justice.. The wildest imaginings of the patients in Bicêtre or Bethlehem never surpassed such absurdity!

In this case Vaccinal Rheumatism developed. Vaccinal Rheumatism is an analogue of ~~Gonnorrhoeal then matism.~~ Gonnorrhoeal Rheumatism. In June 1903 I heard of the poor boy's death after fearful suffering which lasted eleven years.

In the London Medical Press and Circular for March 8th.,1882, Dr. W. J. Collins says :-

"Professor Bartlett, lecturer on medicine in the New York University, writes that in 203 children, who had been vaccinated, 133 died of consumption and seventy of other diseases. Vaccination then seems to be an agency for the propogation of consumption. Whatever produces tuberculosis is tubercle; what fails to produce it is not tubercle."

Wilson Fox has shown that Vaccine Lymph when introduced does produce tuberculosis in the animal. If the premises be sound, the conclusion of the syllogism is more obvious than pleasant. Tubercle has also been communicated to hens by vaccination. Then again the artificial cultivation of tubercle is in this wise. The product of a common non-specific inflammation in one animal is inoculated upon a series of animals, with the result of evolving a powerful poison, swarming with bacteria, but which in its mildest actions gives rise to tubercular diseases. An analogy between this process and that of arm-to-arm vaccination has been suggested and it is for those who extol so highly the innocuity of humanized lymph to prove that sub analogy does not hold.

It is a fact that infantile mortality, as a whole, is declining. It is also a fact that infantile mortality from scrofula and mesenteric diseases is progressively increasing, and this coincidently with the extension of vaccination. Is this coincidence a casual or casual relation?

Dr. Shand suggests the substitution of animal lymph to avoid the alleged danger. He seems to forget that from five to thirty per cent of bovines are tuberculous, and that this disease, according to Creighton, is communicable to man by the milk: while Mr. Fleming assures us that "the lymph is viruliferous."

Lastly, as a crucial test, M.Toussaint vaccinated a tuberculous cow with lymph absolutely pure. The vesicle progressed normally, and with the lymph obtained from them he vaccinated different healthy animals, and everyone of these subsequently became tuberculous."

Dr. Seaton, whose authority may not be questioned by vaccinators, under the heading of "local phenomena and general eruptions" of

(102) For reasons which will be apparent to the reader I do not quite concur in this.

Vaccination with primary (calf) lymph" gives a long account of cutaneous affection as more likely to follow this mode of vaccination than that from "arm-to-arm". (Hand-book of Vaccination pp. 87-8).

Dr. George Gregory was of opinion that it would produce more ailments and cutaneous eruptions in the pre-disposed, as being more irritating than humanized lymph; and at the Animal Vaccination Conference, held in December, 1879, Dr. Crisp, who said he had performed more vaccinations than any living man, confirmed this opinion and showed that the bovine race was more liable to disease even than pigs; and amongst their complaints he enumerated :-

> "The murrain, foot and mouth disease, the entozootic asthma, pleuro--pneumonia, charbon, splenic-apoplexy, the hoose or husk, milk fever, the graget, glanders and inflammations," and he maintained that "its introduction would be ruinous to vaccination in this country."

It is needless to say that all these diseases are inherited by what Dr. Worlomont persuasively describes as the "pure and simple calf". Dr. Germann presented a petition to the Prussian Parliament, in which was set forth evidence of eighteen school girls, averaging twelve years, who were syphilized by re-vaccination, and the lymph used was obtained from the Official Royal Establishment for regenerated animal vaccine. The Medical Times and Gazette for September thirteen, 1881, gave the evidence of Mr. Toussaint to show that the dangers of animal vaccination may be greater than those of the human, which are supposed to be avoided by having recourse to the cow.

In the Atlas, Plate ~~XLVIII.~~ I. 1, Fig. 3 is the portrait of Otto Kurt Ettelt, copied from a photograph. He was born at Chemnitz, Silesia, September the fourth, 1895, a perfectly healthy child of healthy parents. He was vaccinated on the 22nd. of May, 1896, was immediately taken sick and died on the 11th. of October, 1896.

Plate ~~XLVIII.~~ I. 2, Fig. 4 is a like portrait of George Richard Nestler, born at Chemnitz October 17th., 1894, a perfectly healthy child of healthy parents until vaccinated on the thirteenth of August, 1896, he died September ninth, 1896.

Plate XLIX., Fig. 2 is the portrait

409 ~~305~~ ~~269~~ ~~395~~

343 of 2 C/o

Joseph Ward of Clarence St. Loughborough (England) used to believe in Vaccination. Had his son George vaccinated in 1865. After a few days the child began to dwindle away, but a change of air improved him. After a short time large liver-colored lumps formed under the right ear, which grew to the size of an egg or nearly so. Untimately it broke and discharged the filthiest matter conceivable, it looked like cow-dung. It seemed to run dry and the child to recover. For about three or four years he suffered great pain and it was miserable to see the child twitching from the pain under the right ear. He had two more of his children vaccinated in 1868. "My wife was opposed to it, but I insisted, I trusted the doctors, I believed they would do what was right. The two children vaccinated in 1868 were named, the one Sarah Anne and the other William, about a fortnight after their vaccination they broke out in a complete mass of sores upon the face and neck and every year, both at spring and fall, they seem to show the same signs as they did shortly after their vaccination. The son does so still but not the daughter. "For many years so great was the son's suffering and so great the breaking out that I used to tie his arms down at night with soft flannel to keep him from scratching himself". I have eleven

344 children in all, four have been vaccinated and seven are unvaccinated and the seven who are unvaccinated are far more healthy in every respect (Fourth Rep. Q.14386 & sub.)

Dr. C. A. Walters of Milton Street, Brooklyn, N.Y., furnishes the following :-

"On December first, 1885 by request of Mr. Asten, I vaccinated his two children, Francis aged ten years and Edna aged eight years. He informed me at the time that he had no faith in it, and would not have either one vaccinated were it not for the fact that both girls had been ordered by the Board of Education not to come to school again until they had been vaccinated.

Five days after the operation Francis complained of a pain in her left side in the region of the heart, the pain became steadily worse and two days later she became paralyzed. Three days later hyperaesthesia of sensory nerves manifested itself to such an extent that she was unable to move her limbs without suffering torture, and whenever she was touched she screamed with pain. At this stage of her case I called the late Professor Lilienthal in consultation, who reluctantly gave it as his opinion that the vaccination virus was the cause of her illness.

On December the thirteenth an abscess formed just over her left knee and the pain became so intense that she was unable to sit on a chair or stand erect. As time passed other abscesses appeared in various parts of the body, more especially within the abdomen, which in spite of all treatment, involved the intestines, resulting in the escape of fecal matter from the several openings.

Professor Janeway and others equally prominent in our profession, were called on for aid, but all remedies seemed powerless to touch her case. Even the maximum dose of various narcotics failed to ease her torment, her screams being heard a block away from her home.

She wasted away slowly, and from August 1889 she was a helpless cripple. At her death on January fifteenth, 1892, she weighed forty seven pounds. The virus was on ivory points and was from the New England Company. Francis was in robust health at the time I vaccinated her."

Dr. Walters also mentions that on the same day that Francis and her sister were inoculated he vaccinated ten others, none of whom had any unusual symptoms follow the operation.

Observant Dentists have over and over again remarked upon the progressive dental degeneracy which has accompanied the spread of vaccination.

Dr. Sylvester Graham, in his lectures on "The Science of Human Life" (Ed.1858, p.290, sec.718), says :-

"Everything unfriendly to the sound constitution and permanent health of the teeth is far more effacacious in its pernicious effects on those organs in childhood than in the later periods of life. Indeed, there is no period in which the teeth are so deeply and permanently injured as they are previous to their appearance above the gums. From the time their germs begin to be developed until the teeth are completely formed, or during the progress of the second dentition, every disturbing cause in the organic domain strikes at the very constitution of the teeth and does them an irreparable injury, preparing them for early disease and decay."

345

Dr. Ballard (Prize essay on Vaccination, p.93) one of the chief (English) vaccinators, stated that in Vaccination a real disease is being introduced into the system, which reqires great care and attention on the part of both physician and patient to prevent disaster; surely a poison which produces such a disease must be conceded to be such a "disturbing cause" as is referred to by Dr. Graham.

Albert Carter, an eminent Surgeon Dentist of England, and a great traveler, has observed the teeth of a vast number of different races under all sorts of conditions and stages of enlightenment and civilization: of cleanliness and of filth: of poverty and bad nourishment, and of comfort and good nurture: he thus has had the opportunity of wit-

a/ Insett p 411 (inserted vol II)

In an article published by W E. Cox L.D.S. R.C.S. in the New Zealand Jour: vol xVIII p 38, the work of Dr Graham is quoted with approval, and well-established facts of biology, physiology histology and pathology are marshalled in view showing the injurious effects of vaccination upon dentition.

To the same purport, Dr Beacock of Ontario published an article in the Dominion dental Jour for Dec 1901 and Jan: 1902 adducing in addition to numerous authorities over 33 years of personal experience as a dentist; He says:

"Any nutritional disturbances occurring prior to the fifth year, the defect would be observed upon the incisors and first molar crowns + + + +"

In the preface to a pamphlet by Dr albert Carter entitled "Vaccination a cause of the prevalent decay of the teeth etc:" published in ~~or after~~ 1895 Dr James Marshall says:

"I was impressed with the probable connection between vaccination and dental degeneracy as well as near and defective sight on reading years ago Dr Sylvester Grahams profound lectures on the "Science of human life." He also states that "never in the history of the world has there been noticed such premature and wide spread decay as in the present generation."

Dr Carter emphasizes the a similar

statement in his pamphlet which should be studied by all investigators into vaccination and its results.

I have already mentioned (p.) that I was vaccinated in infancy. My parents had beautiful and perfect teeth.

My mother who lived to the age of 89 years and eleven months had lost but one tooth, which broke off when she was about 85 years of age; my father lost one tooth prior to his death, broken off, as our parents informed their children in a match of cracking olive stones, in which ~~[illegible]~~ in their young married life they had the folly to engage.

Plate fig $a^1 . a^2$ $b^1 . b^2$ are accurate drawings, ~~of~~ presenting two views of the two central incisors of my lower jaw and $c^1 c^2$ of the right lateral incisor, extracted in my 77th year exhibiting a deformity which showed itself as they developed. All the molars, cuspids and bicuspids of the left side of my upper jaw and some of those on the right side, and on ~~both~~ each side of my lower jaw have ~~long~~

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long since either fallen out or been removed on account of decay.

The ~~papers~~ booklets of Mr Carter, of Mr Beacock and of Mr Sylvester Graham are recommended to the students of pathology.

nessing the effects of vaccination with every supposed modifying circumstance of eliminated one after the other, and everywhere he found that only the vaccinated races suffered from that rottenness of the teeth which among them early accompanies the spread of what is called civiliza-tion. In suming up the results of his examination of the teeth of men in nearly all conditions of civilization and barbarism, he says -

> "Wherever the people are not vaccinated their teeth are sound, but wherever the practice of vaccination has been introduced, the teeth of the people deteriorate, just in proportion as the population comes under the influence of vaccine" (Natural food, 1895)

Insert A 15

It hardly needs a medical education to understand how from this condition of the teeth, impaired digestion must result with the train of evils which result~~ing~~ from mal-nutrition.

These teachings of experience ought to have been foreseen: and but for the blindness induced by false teachings, false pride and pecuniary interest, a small knowledge of physiology as it has been known for many years would have sufficed to condemn the practice of all hypodermic injections of organic matter.

Vaccination and all like injections primarily infect the skin, and its allied structures. The skin, the teeth, the hair, the nails are all developed from the epiblastic layer of the blastoderm: hence 34b when injected at any time prior to the completion of the process of adult dentition, the teeth are liable to be affected by it. And we see that all other structures developed from the epiblast, whose develocement is not absolutely completed before the injection takes place are frequently injuriously affected by it. Not only do syphilitic eruptions frequently result, but alopecia, deformities of the nails, and injuries to the various glands and other dermal appendages frequently result.

Sir James Paget, in his lectures (4th. ed. p. 39)(quoted from footnote to Herbert Spencer's "Facts and Comments", chapter on "Vaccination, P.273) says :-

> "After the vaccine and other infections or inoculable diseases it is, most probably, not the tissues alone, but the blood as much or more than they, in which the altered state is maintained; and in many cases it would seem that whatever materials are added to the blood, the stamp once impressed by one of these specific diseases is

retained."

Sir John Simon, Dr. Ballard and other pro-vaccinists have admitted that vaccination, when effective, produces a permanent change in all the tissues of the body. "A permanent morbid condition of the blood" says Dr. Sa James Paget. #403 Now did Nature not know how to construct A MAN that she needed aan to help her to reconstruct him?

It is axiomatic among biologists that, "When once you interfere with the order of nature there is no knowing where the results will end:" and the far reaching consequences of vaccination but illustrate the truth of this axiom.

34) The following case was communicated to the author by Mrs. J.W .O., supplemented by the victim, Miss E. A. O., on the 29th. of August, 1902. E. A. O. was a perfectly healthy child up to about three years of age when she was vaccinated. Her parents were healthy. Twice the vaccination "did not take" and a third operation was performed A sloughing sore was produced, but it healed in three or four weeks. A week after the third operation a pimple appeared on the lower lip, but presently disappeared. As it disappeared the left ankle began to swell and became very large and painful. An ulcer formed on the lower third of the internal face of the leg and became a running sore. After a long period it healed, and the child showed signs of pain in the left hip, presently an ulcer showed itself and discharged on the posterior face of the thigh. It was found to have its seat in the acetabulum and caused a backward dislocation of the head of the femur. The limb was considerably shortened and Miss O. was compelled to use crutches for many years. The head of the femur descended after some years "of itself". The left leg is still about two inches shorter than the right.

The parents were thoroughly healthy, they have had four children. The first, a son, had his health permanently injured by vaccination. The second, Miss E.A.O., as above described has had her life ruined by vaccination. The remaining two the parents would not per-

#3 Lectures on Surgical pathology pp 39-40 footnote London 1863

mit to be vaccinated and they are perfectly well. There is no trace of any constitutional discrasia in any member of the family, except the two who have been vaccinated. E. A. O. presents now the appearance of a scrofulous diathesis. The vaccine virus employed in her case Mrs. J.W.O. was informed, was pure calf lymph. The operation was performed in ____ and a Fellow of the Royal Statistical Soc'y

In 1890 Mr. Charles Fox, M. R. C. S. of England published a report of fifty-six cases of illness caused by vaccination, whereof eighteen had died. One of the former, Case XIV. in Mr. Fox's list became blind. The case is thus described.

"Mabel I. P. infant. Vaccinated at about ten weeks old from preserved lymph. It was done thrice. Had "not a speck before", We had several witnesses of its health and what a lovely baby it was born. Three days after vaccination there came at the top of the head a dreadful cap, white, like a skull-cap. When it was washed it became scabby: then (after seven weeks) the child became blind. Then its cheeks were covered, and the nose and ears." It was, by the fifth day "out all over." There were fissues under the arms, in the groins, etc. and a pin could not, it is stated, be inserted between the spots of the rash. The cheeks were "one solid mass". "I used, said the Mother, to cry to the Lord to take it." "No one knows what I have been through, I'm afraid to walk through the streets." (This was sais in allusion to the cruel slander with which the neighbors abused the parents) "We had to go through all that scandal, and this very day I would not like to go through the streets because of it." It never slept a proper sleep, moaning all the time. All sorts of (to them) costly things had to be got for it, so that it once had three pints of milk in a day. #

For eleven weeks no water could be used to its face, but only the matter removed. When it was ill at first it caused sores on the arms and breast of the Mother from nursing, thus inoculating her. It was a "living misery", and very foul to be near.

"How cruel it is "the parents wrote" that we should have to look on our dear baby through being compelled by Law to have such cruelty and disfigure her for life, etc. If it had ended but for her to be breaking out every hour." "At the moment," (writes Dr. Fox) "this was passing through the press he was called to the child in a fit. I cannot forget the Mother's weeping words, as she bent over and nursed this little martyr to the laws of England: "Why don't they torture US, and not these little innocents? What have they done?" ||

Alas! The same Herodian cruelty is enforced in many of the States of the United States, where human rights should have received their highest development, but where they are being more and more outraged and trampled upon.

I cannot refrain from here calling attention to the entirely erroneous practice of most physicians, laid down too in most text books, of cramming the sick, under the unscientific idea that the patients strength is to be thereby sustained. The effect is to kill many patien

& who, but for such injudicious feeding, would have recovered.

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Another of Dr. Fox's cases is Case XXVIII., "Gertrude H. vaccinated at the age of three months, in three places. She "had not a spot before". Has had to be attended by a doctor ever since. Before the week scales had come out on the scalp, which became moist and discharged. When the arm dried (at about a fort-night), eruption appeared over the eyes, and so on until the face was one mass of sores, and only the nose could be seen apart, it being left clear. The same came on the body, with much irritation. The Mother could not bear to see her suffering and told me "I used to pray to the Lord to take her or relieve her, poor little thing! I've been waking night walking the room with her." The eruption was bright red and kept festering. It reached its height by the age of two years. At almost seven she had one or two sores about the head, and two obstinate trying dry ones at the bending of the limbs, at times discharging. Nothing of the kind

Insett p. ~~264.~~ 310

Case Liii. Infant, S.

Vaccinated at age of three months by Public Vaccinator in four places. Well until then. The sores coalesced and made an open one, which was said to go to the bone; the mother said "three or four pennies# could be put in. When it was seen after three weeks it was half the width of the arm and said to be one third of its former size. Family healthy, only child.

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The size of the penny in England has varied greatly from about the time Dr Fox published the account of his cases. The penny commonly used in England was about 1 inch in diameter and 1/8 of an inch thick.

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Case LVI. Male infant.
"Vaccinated at three months in four places, in very good health until then. The Mother "never had a night's rest with it" from the time it was vaccinated until its death at the age of eleven months. It came out as if with scurvy on the forehead after the operation. At the last it had inflammation of the lungs which was certified as the cause of death. No skin affections in the family. One of the other children was very ill after vaccination for a time. The Mother had been vaccinated and had small-pox.

Some of Mr. Fox's cases were vaccinated with calf-lymph, others in the "arm-to-arm" method, which for many years was the only method employed by the public vaccinators in England.

Another of Dr. Fox's cases is Case XXVIII., "Gertrude H. vaccinated at the age of three months, in three places. She "had not a spot before". Has had to be attended by a doctor ever since. Before the week scales had come out on the scalp, which became moist and discharged. When the arm dried (at about a fort-night), eruption appeared over the eyes, and so on until the face was one mass of sores, and only the nose could be seen apart, it being left clear. The same came on the body, with much irritation. The Mother could not bear to see her suffering and told me "I used to pray to the Lord to take her or relieve her, poor little thing! I've been waking night walking the room with her." The eruption was bright red and kept festering. It reached its height by the age of two years. At almost seven she had one or two sores about the head, and two obstinate trying dry ones at the bending of the limbs, at times discharging. Nothing of the kind in the family."

Dr. Fox's Case LI., is that of Benjamin G. Vaccinated at the age of three months in four places. A "break-ing out" followed, in scabs from head to foot. This lasted about a year. It was called HEAT of the blood by the Doctor. The boy has been "weak and languid" ever since, and is now thirteen. No eruptions known in the family. Two others living, well, one vaccinated. Two others dead, one of bronchitis with fits, the other is :

Case LII. Priscille S. G. an infant. Vaccinated at the age of five months in two places. The Doctor had postponed it on account of the child's delicacy. It "pined away", was "puny and weak", and had no appetite, and was never well after. It died after eight months, certificate Consumption. No consumption known in the family.

Case LIV. ~~Male~~ F... male "Vaccinated at three months. On the tenth day the feet were noticed to be cold in the evening. The child was watched and put to bed, and early next morning was found to be dead. Between the vaccination and the death a "tightness on the chest" which had then existed had proceeded and "Bronchitis" was given as the cause of death.

Case LV. Abraham C. "Vaccinated at eleven years of age, well previously. About a week after, weakness and ill health supervened, so that he had to keep his bed for three months, on this account. Sight nearly lost. Has "never been the same since", though it is about twenty years ago. Family heathy.

Case LVI. Male infant. "Vaccinated at three months in four places, in very good health until then. The Mother "never had a night's rest with it" from the time it was vaccinated until its death at the age of eleven months. It came out as if with scurvy on the forehead after the operation. At the last it had inflammation of the lungs which was certified as the cause of death. No skin affections in the family. One of the other children was very ill after vaccination for a time. The Mother had been vaccinated and had small-pox.

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In five of Mr. Fox's cases the sight was gravely injured, in one total blindness of both eyes (Case XII.) In two cases, total blindness of one eye. In one case (XIV.) blindness for seventeen days, and in case LV. sight nearly lost, and, as in many other of the cases, permanent injury to the health. Dr. Campbell, Surgeon to the Royal Normal College for the blind, (England) regards vaccination as a serious cause of blindness.

These cases are fair samples of the whole fifty-six, not one of which has been ~~given out~~ referred to in any official report of the fatalities and disasters of vaccination. Mention has already been made of the probability almost amounting to certainty that many of the cases in which the vaccine poison is said "not to have taken", that it is really in the system ready to break out on the least provocation. On this subject Mr. Fox makes the following judicious observations.

> "The doctrine of dormant disease may, when applied to Vaccination, very probably explain numberless illnesses the causes of which are quite unknown: for the breaking out of a certain affection mysteriously in one of a family could be easily accounted for by a disposition the virus had instilled in infancy and which had lain latent and unsuspected until then. Thus, I maintain vaccination may be causing an unknown amount of the ordinary illnesses of people, though not supposed to for a moment since occurring so long after, viz. - of those otherwise mysterious, as so many are."

Continued experience renders it justifiable to say, not merely that vaccination may be causing an unknown amount of the ordinary illnes-ses of people, but that it has actually done and is doing so. The study of all these cases of Mr. Charles Fox and of his statistics and reasoning is earnestly recommended to all who really desire to know something of the TRUTH about vaccination.

In the Boston Globe, for February 18th., 1882, is an account of Flora Hare, eighteen and a half years old, who was vaccinated in Waltham, Vermont, and seven days after the operation was repeated at a distance of six or eight inches from the first incisions. Soon after she was taken with pains about the head, followed by swelling of the head and neck, and she soon entered into a semi-conscious condition which continued for three days. Physicians were called in from several neighboring cities who could do nothing to relieve her. On Monday

Mr:Fox did not appear as a witness before the Royal Commission 1889. He communicated with them, and at their request, furnished them with a list and history of fifty-six cases, these being only part of those which had come to his knowledge in the course of his extensive experience. They were investigated, and no criticism of any of them was ever made, so faras Mr:Fox has been able to learn, but no notice of them appears in any one of the reports of the Commission; this could not have been foreseen or Mr:Fox would not have rested content with merely contributing them to the commission in the way they requested, but would have appeared as a witness before them, when as a matter of course his testimony would have appeared in their proceedings. But I have ascertained a fact still more surprising. There is filed in the British Museum, along with the documents of the Commission, a long list of the publications used or SEEN by them; but no reference whatever is made to Mr: Fox's pamphlet or to any of his cases, as I have been informed by the gentleman who diligently searched for the same.

Dr Fox's pamphlet can be had of E. W. Allen, Publisher 4 ave Maria Lane, E. C. England

she sank into a comatose state and died on Tuesday evening.

In the same journal under date of February 29th., 1882, is reported the case of Henry Hanifield of West Seventh Street, South Boston, who was vaccinated during the small-pox scare at the Station of the Board of Health about three weeks previpusly. His arm swelled to twice its natural size, two holes appeared, enlarging and burrowing until they reached the bone. The young man, nineteen years old, has suffered much and the Doctors fear he will lose his arm.

351 In "Public Opinion" for April 22nd., 1882, (New York), it was reported upon the authority of the Providence "Journal":-

> "That rash or erysipelas with great swelling and delirium and in some cases even more serious results had been caused by vaccination in one of the Rhode Island Towns."

The following is from the National Board of Health Bulletin, Washington, D. C., of March 4th., 1882. Quoting a communication from Dr. T. S. Hopkins, of Thomasville, Ga.,

> "Our town authorities have employed a Physician to Vaccinate all persons who presented themselves for the purpose. The virus was procured from the New England Vaccine Company, Chelsea, Mass., as "bovine matter." THE RESULT HAS BEEN FEARFUL. Nearly every one vaccinated has suffered severely from Erythema or Erysipelas, the arm swollen from shoulder to wrist, and the point of puncture presenting the appearance of a sloughing ulcer, discharging freely sanious pus. Many of the sufferers have been confined to bed with high fever, from five to ten days, requiring the constant application of poultices to the arm, and a free use of morphia for the relief of pain. I deem it my duty to inform you of the result here from the matter used and from whence it came. It came in cones, each one said to contain enough to vaccinate 100 persons, at a cost of one dollar per cone. "Those who have tried it, tell me they would much prefer to have small-pox."

Dr. Ripley of Unionville, Conn., reported as follows, July 17th., 1882, in a letter to Dr. Joel Colson of Conn:

> "I have a case of erysipelas gangrenosum, resulting from vaccination with bovine virus, now convalescing. The gentleman has hitherto been remarkably free from any erysipelas taint, as his wife remarked: "he never before had a pimple or blotch". The disease was seated in the neck, on the left side, involving the cheek and extending to the collar bone. The discharges, amounting to a pint or more, were of the most offensive character. The "vaccine mark" assumed a purple hue during the process of the disease."

Dr. D. Haggart of Indianapolis, Ind., reported the following case to "The Indianapolis News" of March 31st., 1885 and states, referring to several cases published in that Journal of the 28th. March. :-

"Although there have been hundreds of such cases in the City, this is the first one published, the press having heretofore carefully suppressed any facts adverse to vaccination. :- George W. Snider, merchant, South Meridian Street, is suffering from blood-poisoning, attributed by his physicians to the bovine virus with which he was vaccinated more than a year ago. The physician who vaccinated him used this virus under protest, the Board of Health having ordered it. They are now its sworn enemies and maintain that the only safe kind of virus to use is that taken from a healthy child.

Mr. Snider declares he would rather have an annual attack of small-pox than suffer what he does from that single vaccination. The poison had tainted his blood and surgical operations have become a monthly necessity to disperse the pus which collects in various parts of his body. Intense suffering is endured by the patient, whose state causes much anxiety to his friends."

397 In the year 1890 certain wholesale disasters occurred in the county of Norfolk, (England), which were investigated by Medical men on the part of the Local Government Board, and by Mr. Burgess and Mr. Cleverly on the part of the Norwich and Norfolk Anti-Compulsory Vaccination League.

After a long delay the report of the doctors was published as Appendix IX. to the final report of the Committee. The imprimatur bears date, 1897, but it was late in the year 1899 before my London correspondents were able to procure if for me from the Queen's printers.

Meanwhile I had used the report of twenty one cases given in "The Vaccination Inquirer" for May, 1890. I found this report to be so accurate, so far as it went that I have retained the quotation from it in the first case, that of E.T.Pygall, in preference to re-writing it as a just testimony to the accuracy and conscientiousness with which that journal is edited.

Edward Thomas Pygall, son of James and Harriet Pygall, living near the Rummer Inn, Stoke Holy Cross, four months old, never had an hour's illness and was in every respect a healthy child until Wednesday, the 12th. March, 1890, when it was taken to the appointed station at the Post Office to be vaccinated. Dr. Mason, the Public vaccinator was not there, but an assistant, named Lynch, attend-ed as his substitute, and vaccinated the child with several others Within twelve hours of the vaccination the child became very ill and the arm swelled very much. In a few hours time it got worse and was inflammed all over the body, and from that time to the day of visit, (April 12th.) the parents had had no rest night or day. It is still very ill, the vesicles having a very inflamed appearance, the limbs and the left side of the head and face being very much inflamed. The inflamed parts are deep red and purple, and the child appears to suffer great pain and is constantly crying.

The parents say it has wasted very much and is not like the same child. Last Tuesday week, Mrs. Pygall took the child to Dr.Mason's Surgery and saw the assistant, Mr. Lynch. She asked him if he did not think the child ought to have some medicine and he replied "Yes, if you pay for it." She said she had no money. The assistant then gave her some ointment, which he said she must pay 1s.6d. for, and he told her to take that amount to Poringland the next day. Not having the money she did not go, but on the Thursday she again went to Dr. Masson's at Saxlingham with a note from the relieving Officer. The assistant rebuked her for not attending at Poringland on the previous day. On Good Friday Mr. Lynch called at the house and on the following day a bottle of lotion came by carrier and for which she had to pay the carrier 2d.

The father had to go to work early in the morning, but not getting any sleep at night, now goes to work half asleep. Both parents had always been healthy and the other children, seven in number, were all strong and healthy. About two weeks later the child was again visited by Messrs. Scarles and Daines. They found the child much weaker and the scrotum and testicles swollen to the size of an orange, hard, purple in color and shining. Atlas, Plate ~~X LIV~~ L, Fig. ~~2~~ 3 shows this condition. The L.G.B. Medical Inspector said there was a definite and severe erysipelas.

The other places exhibited ~~usual~~ symptoms, usual that is, in ~~usual~~ Septicaemia

A fatal case mentioned in the report of the Medical Inspector employed to investigate the cases was that of R. J. S., (Case XIII App. IX. Final Rep. Royal Comm., p.231 b.) He was vaccinated the 12th. of March, 1890 from a glass tube, in three places, which 'took'......

"After the eighth day the places festered and discharged, and the arm became swollen and red nearly down to the elbow. The festering went on till the ninth of April, (28th. day), then scabs formed which separated on the thirteenth of April, (32nd.day)."

On the eighth of April there were three very small vaccination scars on the shoulder, and there is a little desquamation between them.. there is a little eczema behind the left ear, in the right groin and around the arms. He had sunk into a condition of marasmus and died the next day. ~~Appendix IX. Final Report of the Royal Commission, pp. 230 b. & 231 b.~~

Another fatal case was that of W.W.B.....(Case II., Ib.230 a.) "He was vaccinated in three places on the twentieth of March, 1890. The places became very deep..... After discharging much matter the sores had become much less inflamed. The child began to suffer from its breathing and on the thirteenth of April, (25th.day) he died in convulsions, aged four months."

The account given by W.T.Scarles is similar, but gives some details which are probably true, and useful as a contribution to the pathology we are studying; he says :-

"The child was a fine healthy boy, and was strong and well up to two days after the operation, when inflammation set in very rapid-ly and extended from the elbow up to the throat. The vesicles became very large and discharged to an alarming extent, and ate away the flesh so that the grandfather declares he could have put his finger quite down to the bone.

Two other fatal cases are referred to in the same report of the L. G. B. Medical Inspector, p.229, designated by the letters W.W.W. and C.W.B. respectively; but I cannot find any such cases in the detailed report, so that I think the W.W.W. and C.W.B. are probably press errors for the cases R.J.S. and W.W.B. above narrated.

The infant child of John and Jemima Mason, (Case XI, Ib.p.231a) was vaccinated on the twelfth of March, 1890. It was a fine healthy babe about five months old.

"The places did not come to a proper head, but began to fester on the third day and continued to discharge for a month after that. One week after vaccination a small "tooth rash" appeared and sprwad all over the body and limbs and gradually went away. Three weeks after vaccination a swelling came in the left arm-pit, which became as big as a hen's egg, but by degrees it went down. The parents and children were healthy.

On the twenty-ninth of April when seen by the L.G.B.Medical In-spector he said the vaccination scars were each 1/4 inch in diameter and rather deep. The crusts had sparated. Glandular enlargement in corresponding arm-pit.

Messrs. Burgess and Cleverley give some further details, which include some brutality on the part of the vaccinator to the mother. They describe the child as in a terribly emaciated condition, its body Inflamed and phagedemic sores, especially if crateriform as those of cow-pox are, will by the puffing up of the margins often give this appearance; while on probing the wound it may sometimes be found that the muscular tissues have not been affected; or only to a slight extent.

full of festering spots, the vesicles continually gathering and discharg-ing and showing no signs of healing.

> "The child frets night and day and is necessarily moved about upon a pillow, as every movement seems to intensify its pain..... The parents and six other children all enjoy good health, but since this baby was vaccinated they have not had a night's rest, and Mr. Smith goes to work of a morning more asleep than awake."

F.S.H. and L.A.H., twins, (Cases IX. & X. of the L.G.B. report, App. IX., p.231a.), Vaccinated on the twelfth of March, in three places. In F.S.H. the places began to fester the next day. They discharged a great deal,

> "But the redness was not greater than would be covered by a two shilling piece. A lump appeared in the arm-pit three weeks after vaccination but this only remained two days. A few small hard spots appeared for the first time yesterday, (28th. April,) on the left arm..... On the 29th. the L.G.B. Medical Inspector says:" there were a few lichen spots on the right arm."
>
> As to L.A.H. the twin sister the report of the L.G.B. Medical Inspector says: Only one of the places 'took'. This never formed a proper head, but within two or three days formed a festering place On the fourth of April, (24th. day) an abscess appeared on the left side of the neck, which broke two days after and soon subsided. When seen on the 29th. April, (49th. day) there was a long thin scar on the left shoulder in the left fold of the neck. There was a small hard nodule below this scar and a little superficial sore in the fold of the neck....."

But the report of Messrs. Burgess and Cleverly describe the "small abscess" of the Medical Inspector as a large abscess and state that since it broke an improvement has set in. "The vesicles of both however, have still a very unnatural appearance, which indicate further trouble."

My experience of like cases leads me to the same opinion: I ~~have~~ sent to England to have the further history of these cases traced, ~~if~~ but it was found impossible to do so by reason of the lapse of time. ~~possible, and hope to have them in time for publication in this work.~~

M.A.T.' (App. IX. p.231, Case VIII.,) Born December first, 1889, and was a fine healthy child till vaccinated on the twentieth of March in three places. On the fifth day there was a blister on each place, which broke. There was much inflammation and much discharge. The scabs came off on the thirtieth of March. On the third of April (23rd day) a swelling came in the left arm-pit, which broke on the sixth of

April and continued to discharge till the 23rd. April, (43rd. day). Within one week of vaccination a few small white spots appeared on the body. The child was very weakly during the week after the vaccination and again when the abscess was forming. On the 29th. day when examined by the L.G.B. Medical Inspector there was a scar of an abscess in the left arm-pit, with a hard gland felt at the bottom of the scar. She had a few small spots of lichen on the body and a "very little" eczema of the scalp..... Mother and one other child healthy.

H.G.F., (Case IV. App. IX., p.230b.) was six months old on March twenty-seventh, 1890 and, up to its vaccination on the twelfth of March, was a fine healthy boy. Ever since that date it has been ill and fret-ful. On the 30th. March (19th. day) an abscess formed in the right arm-pit, this broke. On the fourth of April the right knee began to swell. On the twenty-first of April (41st. day) the swelling round the knee burst in three places, and on the 26th. of April another opening formed. Within a week of the vaccination small red spots appeared in different parts of the body. The three vaccination scars presented rather deep cicatrices. There was a scar of a healed abscess in the left arm-pit. Over the front of the right knee there is still some inflammation, thickening with three depressions above the knee-cap, whence according to the mother's account, matter has discharged. Also a small one below the knee. It is clear that there has been extensive inflammatory swelling of the soft tissue around the knee, but the joint itself is free. Some of the glands in the right groin are enlarged. There are a number of small spots of lichen on the arms, trunk and lower limbs, but there is very little irritation in connection with them. In addition to the foregoing, Messrs. Burgess and Cleverly state":

> "The vesicles only healed up the other day, and since then the child has been worse than ever. An abscess of a serious character formed under the vaccinated arm, and this although now much easier, is still painful and inflamed..... on the day of the visit one of the knees presented a shocking sight. It was very much swollen and inflamed and the skin appeared about to burst. The child is in constant pain and appears unable to move the leg on which the

356 suffering is. The parents are both healthy people and the mother never had a days illness. Her parents are both living, as is her grandmother, who is hale and hearty at eighty six years of age. The L.G.B. Inspector admitted "there is no evidence of neglect." Local Government Board admitted "there is no evidence of neglect."

Case V.F.H., healthy till vaccinated on the twelfth of March, 1890. Vaccinated in three places which 'took' and began to 'run' on the third day and festered for three weeks; the body became hot and red on the eighth day. A swelling appeared in the left arm-pit; when seen by the L.G.B.Medical Inspector there were three irregular vaccination scars on the left shoulder and two enlarged tender glands in the left arm-pit.

Sidney, son of Frederick and Rachel King was six months old on the eighteenth of March, 1890, and previous to vaccination was in perfect health. Vaccinated on the twelfth of March in three places. The arm was very much inflamed the first night after vaccination, and broke next day, leaving a distinct hole. In a few days the holes became larger and extended to some depth. The parents had no rest with it day or night, and the sores kept discharging till about the end of the first week in April. Its nightdress was nightly soaked down to the wrist with the matter which came from the arm, which swelled dreadfully. Its right eye swelled up and got purple and black. The fore-going account is taken from the report of Messrs. Burgess and Cleverly The L.G.B. Medical Inspector did not see the child till it had recovered from the acute symptoms. Can any one with any knowledge of pathology doubt that the health of this child is ruined? That it has had implant-ed in it a miasm which can hardly be eradicated? ~~In my opinion, no physician except one familiar with the homoeopathic law, not only theoretically but practically as well, can restore that child to its normal health, and by the use of the proper Homoeopathic drug perhaps more than one - and hygienic measures.~~

It cannot be necessary to pursue these cases further. The medical inspector of the Local Government Board was unable to dissociate any one of them from the vaccination. They are all cases in which the

37 poison has entered into the glandular system or else into the circulation, and may at any future time break out with fatal virulence. #106 The following from an article in the British Medical Journal of August first, 1903, is pertinent upon the subject. :

> "Bellotti (Gaz.degli Osped:May 10,1903) says that during the last fourteen years he has had occasion to observe not a few cases of more or less persistent anaemia due to vaccination. Other dis-eases, for example, tuberculosis or syphilis - were carefully excluded. The author draws attention to these cases not with any idea of discrediting vaccination, of which he is an ardent supporter, but because as far as he is able to discover they are not generally known. He speaks entirely of early vaccination, that is in the first few months of years of life. Curiously enough, this anaemia seems to attack by preference those children who are particularly rosy and healthy in appearance. They become peevish, lose appetite and color, and are readily subject to slight fever after food if taken in abundance. They develop cardiac attacks such as occur in ordinary anaemia, do not like to be touched, and are tender in the bones........."(Quoted from the Homoeopathic Envoy, Oct. 1903.)

It will be useful to examine some of the cases of 205 deaths ascribed to vaccination as happening between the first of November, 1889 and the thirtieth of November, 1891, a period of thirty-~~nine~~ eight months which were reported on by Inspectors appointed by the Local Government Board. Appendix IX to Final Report of the Royal (Br) Commission on Vaccination 1889

In studying those reports the student must bear in mind the avowed object of pro-vaccinists to "preserve vaccination from reproach" and that the reports of the Inspectors are the outcome of investigations by medical men appointed by the very body whose conduct is incriminated by the facts which are the subject of the investigation. Also that the ~~future~~ fortunes of the persons charged with the investigation is in the hands of the body whose conduct is being investigated. Circumstances more unlikely to secure an impartial investigation can hardly be conceived

106 Instances are continually coming to the the notice of those who are ready to observe them of the long lasting effects of the "morbid condition" induced by vaccination: In a letter from Dr: Books of Altoona, Penn: dated the 26 April 1903 to Dr. Walter M James of Phil: the former writes: ~~26 th April 1903 Appt. to Dr: Walter M James of Philadelphia~~

"Your favor of the 22nd to hand a few days ago, it found me suffering tortures the results of vaccination,.....in childhood.

358 Brs. Coupland and Acland in their report, classify the cases as follows :

Class.	Number of cases com-prised in each class.
A.- Inflammatory Cases.....	116
B.- Septic Cases.....	16
C.- Cases of gangrene or phagedenic ulceration.....	1
D.- Cases in which a suspicion of syphilis has been raised.	13
E.- Cases complicated by various diseases.....	9
F.- Cases complicated by non-specific skin eruptions.....	9
O.--Cases, other than the foregoing, in which it is doubtful what, if any, influence was exercised on the result by vaccination.....	41
Total.....	205

It will be interesting to observe first the 41 cases "in which it is doubtful what, if any, influence was exercised on the result (DEATH) by vaccination."

It is to be borne in mind that according to the directions of the Local Government Board, no child is to be vaccinated if it have the least appearance of not being in good health, so that any statement of bad health at the time of vaccination is an after thought, and must be eliminated from consideration.

Class O. Case 1, P.B., female, aged six months, Vaccinated October 23rd by Public Vaccinator. Died in convulsions on Novermber first, that is on the ninth day after vaccination; but Dr. Acland thinks "there is nothing in the history of the case to justify the belief that vaccination had anything to do with the childs death."

Ib Case LL., B.T.N., male, age nine weeks, vaccinated in sixth week November 26th., 1888. Died in convulsions December 25th., 1888. In this case the death certificate gave as cause of death, "Convulsions three weeks after vaccination". Evidently the attendant physician had little doubt that the convulsions were related to the vaccination. The Reporter, Dr. Acland, expresses a different opinion.

Ib Case III., female, aged four months. Vaccination January 9th., 1889, by Public Vaccinator. Died January 29th., 1889. The certificate of death gives as causes, "Vaccination, 14 (error for 20)

369 days bronchitis and convulsions two days". The reporter (Dr. Coupland) thinks that "these convulsions which were the immediate cause of death cannot be attributed to the vaccination". Why not? If only by the shock given to the system of a young infant by the wound and especially when reaction from the inoculated poison commences, But the vaccination evidently induced the bronchitis.

In: Case IV., male, age seventeen months. Vaccinated by Public Vaccinator, December first, 1887; in 13th. week. Died February 3rd., 1889. Certificate of death names as causes "Vaccination, fourteen months, Convulsions, three months.

"The sores were long in healing"....."Eczema of scalp and ears occurred four months afterwards".

Yet the L. G. B. Inspector can find no evidence that vaccination had any thing to do with the death!

In: Case V., V.E.C., female, age not stated. Vaccinated by Public Vaccinator January 24th., 1889. Died February 5th., 1889. Certificate of death gives as causes, "Broncho-pneumonia, 10 days: convulsions ten days: Vaccination."

In: Case VI., J.J., male, age not given. Vaccinated March 22nd 1889, Died March 27th., 1889. No certificate of death, but entered in register as "Convulsions; Vaccinated with doubtful effect."

In: Case VII., No dates are given, but the Certificate of death gives as causes: "Convulsions: Vaccination".

In: Case VIII., T.R., female, age four months. Vaccinated by Public Vaccinator at private residence, May 23rd., 1889. Died June 2nd., 1889. Certified cause of death "Vaccination; brain disturbance; shock to system; facial and cervical paralysis and collapse. The history of this case given by T.D.Acland, though scanty, presents so striking a commentary on the "opinions" which the medical officials are able to form, "to preserve vaccination from reproach", that it will be given just as it appears in App. IX. to the final report of the Royal Commissioners., p.5b.

" 3rd. day, - Arm a little red.
4th. " Eruption like nettle stings on face and head, subsequently developing on legs and arms. No blisters or pustules.
9th. " All eruption disappeared. Arm red from shoulder to elbow.
10th. " Arm going on satisf actory, vesicles unbroken, a moderate amount of redness only.
8th. day after vaccination the child seemed ailing.
9th. day unable to open its mouth.
10th. " Mr. B. was sent for; he found the child with pulse small, scarcely perceptible, extremities cold, mouth drawn towards right-side and unable to make any effort at swallowing". The condition of the arm was satis factory. (!!)
11th. " The child died.
Previous history, - GOOD.

Summary to reporter's conclusions. (Dr.Acland)
"The child's death appears to hav e resulted from some affection of the contral nervous system.# The reporter is of opinion that it was due to some other cause than vaccination."

" None are so blind as those who will not see." The student of these pages will remember the maxim of logical reasoning already frequently quoted: "It is not permissable to multiply causes." We have here a cause well known to be capable of producing the nervous trouble indicated by the foregoing history, there is no shadow of evidence of the existence of any other cause in th e life history of this previously healthy child.

The foregoing eight cases, not selected, but taken just in the order in which they are given in the report of Drs. Coupland and Acland, serve as a sample of the cases in which the British Government Officials seek to throw doubt upon the vaccination having caused the death or even "been a contributing cause thereof." Although the rule of the L.G.B. is strict in forbidding vaccination to be performed where the child is in the least degree sick, they constantly try to make out that the child was sick when the operation has been followed by evil results, as if that fact even if true, were sufficient "to preserve vaccination from reproach". Surely if such a provision as contained in the "instructions" of the L.G.B. for the safety of the helpless victims does not suffice to prevent the vaccination of sickly children, under fear of the compulsory law, the "compulsion" on that very score should be abolished.

~~Case X. may be mentioned because it was a case of Tetanus~~

Many instances are reported in this work of the "central nervous system" being "affected by the vaccine poison."

361 Three other cases, classed as are the preceeding eight will now be abstracted:

Class O.

Case LII; G.T. male, aged four months; vaccinated February 18th, 1889 by Public vaccinator; died April 4th: 1889; certified cause of death "Broncho-pneumonia following vaccination"

The vaccination proceeded normally till the fourth week. The arm then appeared hard and was poulticed. The scabs came off leaving four unhealed ulcers. A small abscess then formed and discharged. Dr: F. who attended the child for seven days until death states, that he found "a circle of inflammation about three inches in diameter round the pocks. The child was wasted to a skeleton."
During the last days of its illness it suffered from convulsions.

Dr: F. Stated that he considered the broncho-pneumonia was due to "Absorption of matter from the arm arm into the system;"
On the very face of the description he must have been right, but Dr: Acland said that "death was due to tubercular disease and NOT in any way to vaccination.

This assertion of Dr: Acland well illustrates the blindness which afflicts all or nearly all medical officials whenever the palpable facts tend to throw "reproach upon vaccination". Assume the child had inherited a tuberculous tendency, of which there is no evidence apart from the desire of the medical officials to make it so appear, what more likely to start that latent tendency into activity than the thrusting into the blood the products of disease? But an abscess formed, at or near the sites of the vaccine ulcers which would not heal; and the physician who attended the victim "found a circle of inflammation about three inches in diameter round the pocks". Let the student turn to the Atlas and examine the "circles of inflammation" round the pocks in the cases described by Mr Ceely and he will appreciate what that means.

Class O.

CaseLXI. V.E.E.C. female, aged three months. Vaccinated June 10th: 1889 at the age of six weeks; died July 23rd:. Certified cause of death, Thrush, eight weeks; blood poisoning seven weeks; exhaustion."

"Calf-lymph from Association for supply of Vaccine -Lymph."

The rule of the L.G.B. being to vaccinate persons only in good health, the child having died the statement is made that "The child was suffering from thrush at the time of vaccination!"

The child had previously been vaccinated with humanized lymph, which did not 'take', and after vaccination it suffered from Eczema.

362 2E(i) 428 324 ~~324~~ ~~36~~ ~~444~~

Class O. Case LVII, was the twin sister of the last case. The humanized lymph "took" with this child---it also died. The same sort of excuses are made in this as in rhe other case--the child was at fault--and the Reporter (DrLAcland)concludes in both cases:"That vaccination had nothing to do with the child's death;but that death was due to constitutional defects."

Probably the L.G.B., as the guardian of the public health ~~,~~ considers that it is a good thing to put children having"constitutonal defects" out of the way. If so, let them come out openly ~~with the statement~~ to that effect and (at least) propose to put ~~them~~ undesirable infants to sleep painlessly, ~~not~~ instead of by torture inflicted under false pretences and by methods which shall not impart constitutional defects to thos who have them not. But they dare not put their secret practices to public proof!

I know that many medical officials in this country are of ~~that~~ opinion that such a procedure would be for the good of the community; ~~but~~ let them avow it and see what the people would think of it. This they dare not do, and so it is done insidiously, by starting into activity latent discrasia which otherwise, during a long and perchance useful life might never show itself.

Case X is classed under'E' but as it is the only case of Tetanus ~~report-ed on~~ admitted to be such by the reporters it may be conveniently taken by itself. It will be seen however that there are cases really of fatal vaccination ~~tetanus~~ to which ~~It was a case of tetanus~~ other names are given. ~~See case for example Case XXXVI page~~ (See for example Case XXXVII page 432)

Class E Case X G.E.B. female aged two months, Vaccinated, September, 10 by public Vaccinator,-arm to arm;died, October 5th:1889. Certified cause of death", Vaccination three weeks;tetanus three days;Vaccinifer reported in good health. G. E. B. did well up to ~~8th day~~ the 9th ~~8th~~ day ~~On the 11th day~~ The next day (Sept 18th) redness began to appear around the vesicles and extended for a short distance (not more than an inch) On Sept 20th (11th day) the mother noticed a bluish appearance in the region of the vaccination marks. They began to discharge on Sept 23d and on the 24th (15th day) under medical advice the arm was bathed with oatmeal and warm water and dressed with Zinc ointment. The mother also put on a shield. The discharge was thick and offensive Oct 2nd (23d day)

~~supervening upon vaccination.~~ In ~~the~~ case ~~the child did well up to~~ the ~~ninth day.~~ Tetanus set in ~~on the twenty-third day~~ and even Dr. Coupland did not attempt to deny, as unhappily our American vaccinators nearly always do, that the vaccinal operation provoked it. Only he remarks that "Tetanus may follow very slight injuries." That is a truism, and only emphasizes the impropriety of wilfully inflicting a serious one; and especially of introducing into the wound so caused, the septic matter of disease!

We will now review some of the deaths - under Class A., or inflammatory cases, not selecting, but taking them as they come.

Class A. Case XV., F.J., male, aged five months. Vaccinated October 8th., by Public Vaccinator, "unsuccessful", repeated October 15th.,1888. Died November 3rd., Certified Cause, "Vaccination, Erysipelas, Bronchitis, ten days."

The reporter, Dr. Coupland) says : "It is noticeable that the vaccinifer and co-vaccinees passed through their vaccinations without complications. Probably in the fatal case the vaccinated parts took on an unhealthy action from external contamination; e.g. the dye of the child's dress, or through careless treatment....."

That is, in the presence of a proved cause, another unproved one is to be imagined, "to preserve vaccination from reproach."

Case XVI., A.E.M., male, aged four months. Vaccinated by Public Vaccinator, October 22nd., 1888. Died November 12th., 1888. Certified cause, "Vaccination, Erysipelas eight days." The reporter (Dr.Acland) says: "The child died of erysipelas, spreading from the vaccination wounds."

On the tenth or eleventh day after vaccination the arm began to be much inflamed. On the fourteenth day, (Nov.4th.) the child was taken to a Physician, (Mr.C.). On Nov. 5th., it had very extensive cutaneous erysipelas. On November eighth, Mr. C. died of "Erysipelas, Apoplexy" But as the child was taken to him because of the erysipelas already developed in it, no theory of contagion from Mr.C. can be set up to account for the attack from which the child suffered and died. The reporter also says :-

364 "There is no evidence to show how Mr.C. contracted the disease The source of infection was not traced."

The mind of the profession being filled with the notion of "infection" in the common use of that term, its "source" is looked for, with wonder if it cannot be found. And yet, an observation, mentioned in a note, which indicates the suspicion in the mind of Dr.Acland, that somehow or other Mr.C., gave the erysipelas to the child whom he did not see till it was already suffering from erysipelas, ought to have led him to think of what Sydenham, already on the right track, called "The epidemic constitution of the Atmosphere." The following is Dr.Acland's note :

> "It is a significant fact that the majority of the vaccinations performed on October 22nd. and 30th. (Mr. C's last attendance at the station) did not run a normal course, the inflammation being in most cases abnormally severe."

The student is reminded of the cases of Jenner and of Mr. Ceely.

Case XVII., M.R., female, aged seven months. Vaccinated October 22nd., by Public Vaccinator. Died November 12th., 1889, # Certified cause "Erysipelas after vaccination". A healthy child of healthy parents.

To "save vaccination from reproach" the reporter says:

> "While suffering from an open wound on its arm the child was exposed to two distinct sources of danger.
> (a.) The unsanitary and filthy state of the cottage and its surroundings.
> (b.) The presence of an acute contagious disorderwhich attacked the other inmates of the cottage.

Supposing this to be all true, only a very minute fraction of the people can live in May-Fair or on Fifth Avenue, and the obvious remark is - Why inflict the wound?

Case XVIII., D.T.L., male, age three months. Vaccinated by Public Vaccinator, January 1st.,1889, Died January 30th., 1889. Certified cause: "Vaccination, one month, Erratic Erysipelas three weeks."

There is an error somewhere in the dates given in the report. The case is said to have been reported to the L.G.B. by a report dated 21st. April, 1889. The vaccination to have been on 'October 22nd.', therefore if the date of the report be as stated, this vaccination must have been in October, 1888, but the year is not given. The child is said to have died on the 21st. day after vaccination, and yet the year is given as 1889.

565 Course of Vaccination. "When inspected on the eighth day the vesicles had broken, exposing a raw discharging surface, with considerable inflammation around, but not extending below elbow......A week later erysipelatous inflammation extending to fingers; arm considerably swollen..... The erysipelas extended across chest and down opposite arm and leg."

The reporter, Dr. Coupland, says : "Whether the fact..... that at the vaccination station the infant was next to a person who came from a house where measles were present had anything to do with the course taken by the vaccination it is impossible to determine."

Can anything be more puerile than this? It serves well as an indication of the mental condition of those whom educational, professional, and pecuniary bias have blinded to rational thought upon one question!

Case XIX. belongs to the cases classed under 'C'. It will be referred to after a few more cases of Class 'A'.

Ib; Case. XX. J.A.W., male, age four months. Vaccinated by private practitioner, January 1st., 1889. Died February 13th., 1889.

Certified cause of death - "Post vaccinal erysipelas, Pyaemia."

On January 25th., (25th.day) the child seemed ill and shoulder of vaccinated arm inflamed and swollen. Doctor found erysipelas. On 31st. unhealthy suppuration beneath scabs and erysipelas extending down arm to hand. Sores became cleaner, but erysipelas spread down left leg to foot where bullae formed."

Death on the forty-fourth day. Child healthy till vaccinated. Parents healthy. The reporter (Dr. Coupland) says:

"The late development (25th.day) of the erysipelas which caused the child's death PROVES that IT could have nothing to do with the operation or the character of the lymph used."

What Nonsense!

Ib; Case XXI., F.W.C., male, aged 3 & 1/4 months. Vaccinated by Public Vaccinator, March 14th., 1889. Died April 15th., 1889. Certified cause, "Vaccination five weeks ago; erysipelas two weeks."

~~Mentioned, as if apparently of importance, (in the opinion of the reporter)~~ The Reporter says: :

"The child's grandmother who took it to be vaccinated and inspected had suffered from phlegmanous erysipelas in the January preceding." Also that "The reporter (Dr.Acland) is of opinion that the child had abundant facility for acquiring septic erysipelatous infection, and he regards the previous condition of the grandmother as the probable source of infection."

Again, Nonsense! That the child had inherited a constitution which disposed it to be attacked by erysipelas, is ~~probable~~ possible, and the vaccine virus [?] instead of the ordinary poison called that latent disposition into activity.

Ib. Case XXII., F.H.C., female, age three months. Vaccinated by private physician. Child fine and healthy till vaccinated, family

566 healthy, sanitary arrangements good, Mother had small-pox twice . Vaccinated, April 6th., died April 24th. Certified cause of death "Convulsions five days, Cellulitis of arm nine days following vaccination."

> "On April 12th. the mother noticed that the vesicles had been slightly rubbed; some discharge on the sleeve. April 13th. child fretful, no visoble inflammation about arm. April 16th. (11th. day) seemed ill and weak. Doctor found it much collapsed, the arm slightly inflamed and tense in front (?) of the armpit.....The swel-ling increased and extended down the arm and on the 20th. convulsions."

Dr. Coupland reports.: "The occurrence of erysipelatous inflammation in this case MUST have been due to external contamination of the sores produced by the ruptured vesicle. .... The supervention of convulsions may be attributed to the asthenic state induced by the erysipelas."

Here again with a known cause amply sufficient to account for the whole of the symptoms, the Reporter IMAGINES another cause whereof there exists no evidence whatever.

Ir & Case XXIII. J.B., female, age 3 & 1/2 months, vaccinated April 4th., 1889 by Medical Officer of Health, private practice. Died May first, 1889. Certified cause of death: "Erysipelas following vaccination with Calf-lymph (vaccinated April fourth) erysipelas developed 12, Peritonitis 48 hours."

> When seen on April seventh (8th. day) results said by the physician to have been perfect. On the twentieth of April the Mother took the child to the Doctor, saying she could not get the vaccination marks to heal up. Said that it began to inflame on the night of the 11th. Erysipelas continued to spread and after extending over the abdomen in about forty eight hours the child died.
>
> The Doctor suggested that the child's new frock may have infected the wound. The reporter (Dr. Coupland) suggests that :
>
> "As signs of inflammation appeared on the same day (The 8th. when the vesicles were punctured with a clean lancet;) there is SOME likelihood of the erysipelas orig inating in infection of the punctured vesicles."

Look for the cause of the fatal result everywhere except its obvious cause, ~~is~~ the rule with vaccinators!

> Dr. Coupland further says : "The normal course taken by the vaccination up to the eighth day, and the successful results in the co-vaccinees PROVE that the specimen of Calf-lymph used was PURE."

367 The absurdity of this statement in the light of what is really KNOWN of Pathology and Biology has been repeatedly pointed out in this work.

h: Case XXIV., J.W.R., male, aged five months. Vaccinated by Public Vaccinator April 11th., 1889, Died May first, 1889. Certified cause of death "Erysipelas following Vaccination."

Parents stated that the three vesicles burst on the sixth day. When inspected on the eighth day (April 18th.) considerable redness and swelling of arm from elbow to shoulder. Redness and swelling of arm increased and on the 22nd. arm red from shpulder to elbow and on the 24th. the erysipelas spread over the body, and continued to extend till death on May first. Healthy till vaccinated. Seven other children in family, all in good health.

Dr. Coupland remarks that nineteen children were vaccinated from the same "Lymph" and only this one had an 'abnormal' course. So he IMAGINES that the vesicles were "accidentally ruptured", on the sixth day, when it is "probable" the infection took place. Where is the need to look for any other "source of infection" in imagined facts, when the one over-riding fact stares us in the face, that the SEPTIC PRODUCTS of DISEASE were inoculated in the victim under the name of Vaccination!

lb: Case XXV., M.B., female, age four months. Vaccinated by private practitioner, April 22nd., 1889. Died May 17th. Certified cause of Death "Erysipelas, Vaccination".

The history of the case and Dr. Coupland's excuses for the death, resemble those of the previous cases.

lb: Case XXVI., E.C., female, aged thirteen weeks, Vaccinated by Private Practitioner, May 9th., 1889; died of "Erysipelas following vaccination" on the 24th. of May. On May 18th., (9th. day) "A red blotch appeared on the crown of the child's head. May 19th. the redness had spread over the face almost to the jaw. May 23rd. Convulsions set in, and May 24th., (15th. day) the child died.

Its health had been good until vaccinated and the family history was good; and in the face of that history of the disease, Dr. Ac-

368 land permits himself to say : "There is no evidence that the erysipelas originated in or spread from the vesicles."

~~Case XXVII. will be discussed under the heading of Septic Cases "B."~~

Class B. Case XXVIII. A clear case of Vaccinal Erysipelas. Even Dr. Acland admits "There is no record of any probable extraneous cause for the Erysipelas."

It is unnecessary to go further with this group; there are admittedly 116 cases of "inflammatary deaths" in nearly all of which the sort of excuses we have seen are suggested. In nearly all of them the victims were in good health, as admitted by the reporters; in all, they ought to have been, and must have been supposed by the vaccinators to be, unless, and this is an accusation against the vaccinators the opponents of Vaccination do NOT make, though its upholders by implication do, - we are to accuse the vaccinators of violating the rules of the L.G.B. made, ostensibly to reduce the dangers of the operation, for the sake of the few shillings to be gained by performing it. Within a few days the patients develop Erysipelas, some amount of which Jenner declared to be essential to good vaccination, and within a few more days they die - Is not this sufficient to establish the development of Erysipelas as part of the Pathology of Vaccination and to cause its performance to be regarded as MALPRACTICE of the worst character?

Class C. Case XIX. is the only case classed under 'C' as one of "Gangrene or phagedenic ulceration" and may be considered in this place.

J. R., male, age five months , Vaccinated by Public Vaccinator, January 1st., 1889. Three insertions - Calf-lymph: died February 2nd. 1889. Certified cause of death, "Vaccinated with calf-lymph one month Pyaemia 20 days." On evening of January 1st. child screamed constantly as if in pain. No further mention of this during rest of week, and says the reporter (dr. Coupland)"apparently no relation to illness." What sort of pathology is this?

"Child fell ill January 10th. (10th. day) when the two opened vesicles continued to discharge and this seemed to affect the remaining vesicles. Then the places coalesced, forming deep slough -ing ulcer, which improved under poultices, but death from exhaustion on February second, (23rd. day)"

The child was healthy till vaccinated and the family fairly healthy.

369 stated: The reporter's "conclusions" are puerile, but will be briefly He admits that the unhealthy inflammation taken on by the opened vesicles cannot be referred to any exposure to any specific poison or constitutional state of the child. There are bad smells at times from a meat carrier's yard opposite seeming to afford a possible explanation; but as Dr. Dibble shows, persons engaged in occupations connected with offal and manure do not suffer therefrom in their health; hence this explanation does not explain. And Dr. Coupland admits that :

> "There is no evidence that the vesicles were contaminated at the time of their being opened," and "There is no ground for believing it (the calf-lymph which was used in the case) to have been contaminated."

And wholly without reason Dr. Coupland rules out one of the most important indication in the case - the screaming with pain, long continued, on the day of vaccination.

As I hope by this exposition of the pathology of vaccination to awaken the conscience of the profession, I will here call their attention to the utter heedlessness to the pain - aye the torture - so frequently inflicted upon our helpless little victims, and which should alone suffice to exclude vaccination from all permissible procedure upon the well. But severe as every physician must know the pain to be, I have not found in all the writings of the advocates of vaccination one word of regret expressed for the infliction of such pain. Not one wordin derogation of the rite because of the infliction of such pain. It is necessary at times, in cases requiring surgical treatment for the physician to inflict pain, no such necessity exists in the case of any person that is well.

Before leaving these cases, however, it will be interesting to notice an inconsistency, not at all ususual on the part of the "authorities" in the matter of vaccination. The L.G.B. require their operators to use "shields" to protect the points of vaccination; this was objected to by Dr. Cory as being itself a source of danger; in one of the cases of this series, Dr. Acland stated :

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"The application of a shield, more especially of one frequently used (the one in question had had its rim freshly covered) and the storage of the lymph on points repeatedly charged, were obvious sources of danger."

The next class of cases comes under letter 'D'. These are important also for the reason that they have caused and are likely to cause much domestic Sorrow. They are classed as "cases in which a suspicion of Syphilis has been raised".

Class D. Case XLVI. B.S., female, age not stated; vaccinated June 11th., 1888, by Public Vaccinator. Died December 2nd., 1888. Certified cause of Death, "Syphilis five months after vaccination". About two months after Vaccination mother noticed a rash in groins. On November 16th., taken to a children's hospital; notes state that the child had been wasting for a year; was frail and feeble, and presented a rash on nates, hands and back of legs; regarded as syphilitic.

Dr. Coupland remarks : "The syphilis could not have been communicated at time of vaccination because no local sores were produced, and that no specific eruption appeared till two months after the vaccination."

The reasons assigned are absolutely unsound as the reader of this work has abundantly seen. That such reasons should be put forward at all discloses the danger to domestic life of which the Leed's case was ~~of~~ so conspicuous an instance. Dr. Coupland's reasons for ~~denying that the next case was~~ denial of the vaccinal origin, the next case affords ~~abundant~~ proof that his "reasons" could not be right in both cases, ~~because~~ in fact they to a certain extent contradict each other; ~~in point of fact they are wrong~~ the truth is his "reasons" are erroneous in both.

~~Class D.~~ Case XLVII., M.M.T., female, age four months. All that is necessary to mention of this case, and that for the sake of the contrast, is the following extract from Dr. Coupland's "conclusions".

"The fact that when seen by doctor twelve days after vaccination, the infant presented a coppery rash, is held to be quite inconsistent with what is known of the course of inoculated syphilis"# (100)

There is nothing known as to when the pathognomonic "coppery rash" syphilis may appear when he after the inoculation of the [illegible]

Class 1 Case XLIX. In this case the rule of the L.G.B. that no child is to be vaccinated if it shows any sign of illness is to be borne in mind. J.H.W., male, age four months; vaccinated September 24th.,1889.

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107 #(110) Supra p. Will be found a case in which the specific coppery rash showed itself within six days.

437 333 423

371 by Public Vaccinator; died November 20th., 1889. Certified cause of death; "Vaccination, Syphilis, exhaustion." The child was well when vaccinated, it was brought to the Metropolis for treatment, and the Doc-tor who attended it almost from its arrival, and who saw it and certified as to the cause of death, diagnosed it as vaccinal syphilis and this healthy child dies two months after vaccination., and Dr. Coupland who did not see the child says :

Insett p. ~~333~~ 437

Case LX, M.K. female aged 3 months; Vaccinated September 17th:1889/by Med:Off:of workhouse; died Oct;11th;1889.
Cause of death not stated;On 5th:day the vaccination appeared not to have taken;on the 8th;the vesicles looked as if they had been rubbed,although every care had been taken of them;there was a little redness beyond the vesicles,which by the 15th:day had become inflamed and a large bulla ∅ formed including the three vesicles which subsequently sloughed into one, with much loss of tissue but no enlargement of glands.
After death,the arm is said to have resembled a woodcut on p.1o4 Archives ∅ of Surgery,vol:1 No 2(Atlas Plate Fig:)

-tinguush from Syphilis.

Insett 2d Case XC. is the too celebrated Leed's case. It has been wide-ly remarked; That the connection of Church and State corrupted both. The same may be said of the connection established in modern times in so many States between the State and a Medical Church. Innumerable instances have occurred in illustration of this unhappy fact; but in no instance has the corrupting influence of the connection established between State and Medicine, upon individual medical men, been so conspicuous as in this case.

A brief history of this case has been given, supra p. 382, but the case is so typical of various incidents, direct and indirect of

371 by Public Vaccinator; died November 20th., 1889. Certified cause of death; "Vaccination, Syphilis, exhaustion." The child was well when vaccinated, it was brought to the Metropolis for treatment, and the Doc-tor who attended it almost from its arrival, and who saw it and certi-ed as to the cause of death, diagnosed it as vaccinal syphilis and healthy child dies two months after vaccination., and Dr. Coupland not see the child says :

"There is nothing in the case to justify a diagnosis of syphi-s, either in the family history or in the condition of the child, hich is entirely explained by Thrush."

ever the cause of death, the child was dead two months after vaccina-on, having been healthy up to that time. The vaccinifer was healthy and as vaccination could not be exonerated of the death, it must at least be ascribed to some cause less repulsive than syphilis and so the re-porter says "Thrush." Although many causes may lead to the develop-ment of Thrush, it is also well-known as a syphilide, it is also a vaccinide.

I do not accuse Dr. Coupland of knowingly saying what was un-true, but the facts were so different from all that he had been er-roneously taught; that as neither vaccinifer nor the family of the victim showed any evidence of syphilis, syphilis it could not be; and yet Dr. Creighton's "Cow-pox and Vaccinal Syphilis" had been published in 1887.! But Mr. Jonathan Hutchinson had also shown that the vaccinides often pre-sent symptoms which the most shilfull syphilographers are unable to dis-tinguush from Syphilis.

Insert Sh) Case XC. is the too celebrated Leed's case. It has been wide-ly remarked; That the connection of Church and State corrupted both. The same may be said of the connection established in modern times in so many States between the State and a Medical Church. Innumerable in-stances have occurred in illustration of this unhappy fact; but in no instance has the corrupting influence of the connection established be-tween State and Medicine, upon individual medical men, been so conspi-cuous as in this case.

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280 vaccinal-syphilis and ~~of~~ the vices of ~~having~~ a State-medical-creed, that a more detailed account is desirable, especially as through the inquiry instituted by the Royal Commission of 1889 in the years 1892 & 1893, the actual facts can no longer be denied.

Emily Ward Child died in Leeds on July 1st., 1889 and according to the verdict of the coronner's jury "from syphilis acquired at or from vaccination. The L.G.B. sent Dr. Ballard to Leeds "to investigate". Dr. Ballard made a "report" on the strength of which, the mouth-piece of the L.G.B. in the House of Commons stated that the case was not one of vaccinal but of congenital syphilis. Every effort was made by the governmental authorities to resist further investigation, but at last it was brought before the Royal Commission. Dr. Ballard's report was refused to the parents and though it was submitted to the Commission, there was some condition imposed, which to us in this country is incomprehensible, by which the Commission considered itself bound in some sort of honorable understanding not to publish it, nor even permit it to be seen by outsiders; so that when I was in London in 1899, Dr. Collins, one of the authors of the dissentient opinion, stated that he could not let me see the report, but that from the questions put by him to the witnesses, and the reports made to the Home Office, I could form a pretty close judgment as to the contents of Dr. Ballard's report.

The imprimaturs upon the reports bear date 1897, but they were not yet accessable to the public in November of that year. In 1900 I received them and the statement following is compiled from the testimony given before the Royal Commission and the reports made to the Home Office.

Mr. Edward Ward, M. B., was Honorary Surgeon to the Leeds General Infirmary; he remembered Emily Ward C. coming under his care as an in-patient on the first of June, 1889. The child was at that time suffering from deep ulceration of the right arm (Sixth Report, Royal Com: Q., 23574-577).

381 23,578. "There was a deep ulceration of the right arm extending almost from the shoulder to the elbow and spreading round to the inner side of the arm until it almost met on the inner side. The ulcer-ation was of a peculiar character, what we regard as unmistakably phagedenic, it was sharply margined and cleanly punched out at the edges for the most part, slightly irregular here and there as if it were worm-eaten, with a grey shoughy base, and the skin round the ulcer was inflamed bright red, tense, and shiny." This was the vaccinated arm. 23,580. "The whole of the skin had entirely disappeared, the ulceration extended almost to the bone."
23,581. "On the eyelids and on the right ear there were patches of what we diagnosed to be a secondary syphilitic eruption; what are usually known as mucous patches; those on the right ear ulcerating the more deeply. 23,582. They are described in the deposition as moist sores. On the buttocks and external genitals there was a scaly rash and pigmented stains as though some of the rash-spots were disappearing. 23,583. The arm was in a condition of phagedaena which I am unaccustomed to see except in syphilitic conditions. 23,585. The history of the case up to that time as given to Mr. Ward was : "Up to the age of fifteen weeks when it was vaccinated it had been perfectly healthy; a week afterwards a red mark appeared at the site of the vaccination. At the end of a fortnight a blister formed over the spot. Shortly after-wards a large number of spots developed around the first one. These spread and joined together, and made a large ulcerating surface. A month after vaccination the ear began to ulcerate, and two days later the sores appeared around the right eye. 23,586 Came to the conclusion that the disease was syphilitic, acquired and not congenital. 23,588. The fact of the child remaining perfectly healthy for fifteen weeks after birth would go against its being congenital syphilis. The child never had snuffles. the disease began with the vaccinated arm. The first thing which appeared, apart from the arm, was the moist rash upon the eyelids and ear. That appeared earlier than one is accustomed to see in acquired syphilis; but where the patients are very young the symptoms may run their course more rapidly." 23,590. Examined both the parents and the other children most carefully, they did not present any appearance of syphilis. 23,594. The child improved under constitutional treatment so much that on the 21st. of June she was allowed to be taken home, but was brought back on the 26th. very much worse and by that time there appeared acute inflam-mation about the buttock and the inner end of the left collar bone; eventually the buttock sloughed and fell into a condition of mortification and the child died upon the first of July. 23,609. Had seen two other cases of undoubted vaccinal-syphilis. 23,622-23 In a typical case of vaccinal-syphilis he would expect that vaccination would run its ordinary course and subside, and that at the end of a month the sore would become indurated; this case did not quite conform to that; our diagnosis rested upon the physical signs, the scaly eruptions about the buttocks and genitals, and the moist sores about the eyelid and ear, and of course the fact that the child improved under mercurial treatment. Mr. Hutchinson cross examined Mr. Ward very closely in the effort to prove that

the case was either non-syphilitic, or, that if syphilitic it was congenital, but Mr. Ward demonstrated the contrary; that is, if anything can be said to be absolutely demonstrable in nosology.
23,688-696. Examined the two elder children, the brother and sis-ter of Emily Ward C. on several occasions; they were not "stunted in growth": they struck Mr. Ward as being remarkably fine children, especially the girl. The central upper permanent incisors of Eva the eldest child were not "notched in the characteristic manner". There was not "any such physiognamy of congenital syphilis" He never heard of congenital syphilis manifesting itself by a shoughing phagedaena of the arm. #711

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Dr Thomas Barlow was employed by order of the Royal Comn 1889 to investigate the condition of the family and reported positively that there was no syphilitic taint. See his report app 14 to final Report p 211-215

382 23,701. It would not be true to say that the family was in any sense a Syphilitic family.

Mr. Harry Littlewood, M.R.C.S. was resident Surgical Officer at the Leeds General Infirmary at the time when Emily Ward Child A. was in the Hospital; the child was under his observation during the whole time it was there. He considered every side of the question and came to the conclusion that the case was one of vaccinal-syphilis.

Q.23,764. Sir William Savory asks : It is quite a reasonable view founded upon sound surgery , is it not, that it might have been a case of blood-poisoning from other causes? to which Mr. Littlewood makes answer. But the appearance of some of the growths around the eye and ear presented to my mind the ordinary characteristics of what one looks upon as a syphilitic condition.

Q. 23,787-8 by Mr. Hutchinson: What did you really see which was convincing to you? The condition of the sore place on the arm was itself conclusive; it sloughed and there was a certain appearance about it as if it were the breaking down of a growth - it looked like the growth of an infective granuloma which was breaking down like something in the nature of a connective tissue growth which had formed rapidly and had broken down. Q.23,800 The growths were like mucous patches, small round elevations in the skin, having round edges.

Q. 23,829 The four members of the infirmary staff all concurred in the opinion that the death was due to syphilis following on vaccination. There was a good deal of discussion at the consultation on Wednesday morning, and it was the unanimous opinion that this, although not a typical case and an obscure one was undoubtedly a case of syphilis. He saw the parents and the elder children (Q.23,838-44). It is not true to say that they were a "syphilitic family", the children were not "stunted in growth": "the permanent incisor teeth of the elder daughter were not characteristically notched": witness photographed them; he produced a photograph taken when the child was brought to London to see Dr. Barlow. Evidently from the remarks of the commissioners the photograph showed no signs of syphilitic teeth. I believe the photographs were laid before one of the medical societies of London, but I have not been able to procure a copy.

Q.23,845 Examined the parents, found no history of syphilis, agrees with Mr. Hutchinson that there is not the slightest suspicion of syphilis in either parent; informed Mr. Ballard of all the facts and conclusions.

Dr. Alfred George Barrs made the post mortem examination and describes the appearances which led him to the conclusion that it was a case of vaccinal syphilis. Dr . Thomas Whiteside Hime of the Hospital for Children and Women in Sheffield gave similar testimony as to the condition of the parents and children: he did not regard the case as one of syphilis at all; he did not see the child. He thought the

383 child died of Septic Infection; is of opinion that if the child was vaccinated with calf-lymph syphilis was impossible. In another case mentioned in the "Illustrated Medical News " the witness had investigated it, in which vaccino-syphilis was charged, but Dr. Hime found the victim had been vaccinated with calf-lymph so that in his opinion

> "Syphilis could not have been introduced in this way, since cows are incapable of being infected with the disease."

In the report of Dr. Barlow, who examined into the case at the request of the Royal Commission, App. IX. to final report p.211, after describing his investigation, he says:

> "I see no evidence of syphilis in Mrs.C. nor does the history of the third child, E.W.C., suggest to me that it was the subject of inherited syphilis."

2 On pp. 211b. and 212a., he certifies as to each of the other children to the same effect. He also examined the vaccinifer and her family and found that they were all free from any suspicion of syphilitic taint.

1 Dr. Jonathan Hutchinson certifies to and describes many cases of "Vaccinia" from Cow Lymph which the most skilled syphilographers could not distinguish from Syphilis

Under Class G. we have -

Case LI., T.W.T., male, age nine weeks and three days; vaccinated February 7th., 1889, by private Physician. Died March 16th., 1889. Child strong and healthy till vaccinated, parents healthy. The vaccination proceeded normally until the fifteenth day. The vesicles had by this time dried up and scabs had formed. On this day some fresh spots having all the characteristics of vaccine vesicles appeared in the neighborhood of the original wounds. The fresh vesicles dried off in about a week but were constantly succeeded by similar crops in increasing quantities, involving head, face and extremities, and ultimately the mucous membrane of throat and mouth and the surface of the eyes. Two days before death the child became convulsed.

Case LVIII

A.T., male, aged three months. Vaccinated by private physician with calf-lymph, March 23rd., 1889; died April 24th., 1889. Child in good health till vaccinated. On eighth day no areola; the vesicles had broken two days previously and were discharging. On the seventeenth day, Dr.M.V., was called in; arm then much inflamed, vesicles covered with yellow confluent crust. The inflammation increased; fresh vesicles formed around the primary ones, with which they subsequen-tly coalesced. Later others appeared upon the face; these were deep and contained pus, and in time scabbed over. Before death the inflammation began to subside.

Dr. Acland ascribes the fatal result to "some constitutional peculiarity .....which was called into activity by Vaccination."

A.R.T.

Case LXXV., male, aged four months. Vaccinated by private practitioner with calf-lymph, first on August 31st., 1888, which did not 'take' this time with a fresh calf lymph from Dr. and again September seventh of the same year. Died November 12th., 1888. After re-vaccination vesicles formed at all the points of inoculation. On September 14th. the vesicles were rather advanced. Two days later inflammation extended from elbow to shoulder; later the arm appeared to have got well. On September 25th., eighteen days after re-vaccination, bronchial catarrh commenced, and a shotty papular erup-

385 tion appeared on the bpdy with ulcers in the mouth. The child die

November twelfth, 74th. day "apparently of inanition". Dr. Acland

"Could see nothing to lead him to attach suspicion to vaccinatio as the cause of the child's illness and death."

H: Case CX., A.H.P., male, aged five months. Vaccinated in Septemb 1889, arm-to-arm lymph. Died January 22nd., 1890. Certified cause death: "Effects of vaccination three months. Ulceration of bowels seven days."

On the eighth day the scab was removed, an ulcerated surface was left ex- posed upon which a large bleb formed. This ruptured, discharged and a crust formed over the place.

At the same time the child's forhead and scalp became swollen and covered by an eruption (porrigo) similar to that on the vaccination sore. A week before death he suffered from continuous diarrhoea and vomiting.

female aged 7½ weeks

Case CXI., E.G., Vaccinated by Deputy Public Vaccinator with arm-to -arm lymph, April 22nd., 1890, died May 17th., 1890. Certificate of death Acute Eczema following vaccination. On the tenth day two vesi- cles appeared on the left cheek. The arm was stiff and sore and there was induration around the vesicles and in the axilla.

Next day the child had general acute eczema. On the fourteenth day the discharge from the eczematous eruption had dried into crusts and no part of the body was free. It died the following day.

Dr. Acland considers "That there is no doubt that the child's death was due to eczema, but whether the eczema was due to the vaccination he considers doubtful."!

H: Case CXXX., female, aged five and 1/4 months when vaccinated by Mr. D., private practitioner, in two places with lymph second remove from the calf. The child is described as healthy and lively at the time of vaccination.

certified Cause of death "Vaccination; inflammation"

There was "Slight redness around the wounds within an hour of vaccinatio This continued to increase. On the 3rd. day a crop of blisters ap- peared in the neighborhood of the wounds, which broke and discharg- ed thin watery fluid, this continued to inoculate and re-inoculate the surrounding surface until the whole deltoid region was occupied with running sores, which in appearance might have been mistaken for primary vaccine vesicles broken and discharging. By seventh day the vaccination vesicles had coalesced..... on the thirteenth day it suffered from convulsions and on the fourteenth day it died."

386 The vaccinator "regards the death as due to the toxic effect of the products absorbed into the system from the morbid process going on in the vaccinated arm." But the Reporter (Dr.Acland) confesses he is "at a loss to account for the fatal illness of B.D."

Strange Blindness! Had not septic matter been inoculated on the third of October into the body of this child said to have been "healthy and lively" at the time of Vaccination?

Case CLXII., C.D., male, age not stated. Vaccinated January 29th., 1891 by Public Vaccinator. Died March 13th., 1891. Certified cause of death "Vaccinia six weeks; Varicella three weeks; exhaustion." Fifteenth day Vaccination pocks normal, No areola, scabs dryin-g, taken to Pub.Vaccinator. (How came the child to be taken to the Pub. Vaccinator on the fifteenth day?) Twenty-second day the two upper and the two lower pocks had coalesced, they were scabbed over and dry. One spot on nose. Twenty-fourth day Arm Oedematous. Vaccinated area one and 1/2 inch square, areola 1/4 inch. Spot on cheek like vaccination vesicle on seventh day. Child poorly. 25th. day Eruption on body like heat bumps:(noticed by Mother.) Twenty-sixth day ring of confluent vesicles round pocks. Twenty-ninth day All four places had coalesced and were covered with a single scab. An eruption on head and chest. Fresh vesicles formed round the vaccination pocks subsequently, coalescing with them and causing them to spread. They developed also on face, head, body and in the mouth. The eruption seems to have commenced as unicellular vesicles which spread peripherally. For the most part they become pustular, covered with scab and with a slight areolar. Reporter, (Dr.Acland) calls attention to the resemblance between the case and Case LVIII, sup:p: and to that recorded by Mr. Hutchinson (Med.Chir.Trans.1882, p.1.) as Vaccinia Grangrenosa, but thinks it was more like Mr. Hutchinson's class of Varicella Gangrenosa."

Case CXCIV., H.S., female, aged two months. Vaccinated by Pub: Vaccinator, in four places, April 23rd., 1891. Died June 10th.,1891. Certified cause of death, "Vaccinia". Healthy till vaccinated. Course of vaccination and illness. On eighth day one vesicle only

387 had formed , it had not burst nor was there abnormal inflammation. On thirteenth day finding only one place had taken the Pub.Vaccinator vaccinated another place on the other arm. This place did not "take". At this time the child was well, but there were one or two little white places breaking out around the original white vesicle which had scabbed over. During the third week fresh spots came out round the vaccination place. These spread and looked like ordinary vaccination vesicles and after coalesced. Later similar spots appeared all over the body, extremities, face, mouth and head; more particularly round the mouth, side of nose, behind the ear, between the fingers and toes, soles of feet, on the back, and one at the naval. Several doctors saw it and from their statements it appears that a papular eruption commenced between the fourteenth and fifteenth days after vaccination in the neighborhood of the vaccination wounds, spreading later over the body and limbs. Vesicles developed, many umbilicated and resembling vaccination pocks mostly containing serum, occasionally mixed with blood; in size varying from that of a split pea to a shilling. Some developed into pustules; in some a necrotic process seems to have occurred more expecially in the original vaccination, places, and about the nose. Mostly circular, some irregular as though two or more had coalesced. Some had an areola of about one eighth of an inch. Some of the vesicles dried up and became covered with flat scabs, others seemed to extend laterally. They appeared in successive crops.

Reporter calls attention to case LVIII. & CLXII. and to cases reported by Mr. Hutchinson, Med:Chir:Trans:1882, p.1 and Mr.H.Stokes, Dublin J.Med:Soc:June 1880.

Reporter suggests three Hypotheses: -
(a.) That vaccination merely called into activity a latent condition to which child was predisposed, and would probably have suffered sooner or later."..... (Or it might not.)

But in all the clinical histories which have come down to us nowhere can be found any such history except in connection with Vaccination.

388 Prevision is the sure test of science. Mosely and Brown and the eminent Surgeon Birch in the first years of the last Century <u>foretold</u> that new and hitherto unknown diseases would most probably be produced by the new inoculation, partaking of the nature of the diseases of the animals from which the vaccine material was produced.

Dr. Acland's other two hypotheses are :

(b) "That some peculiar diathesis or tissue condition of the child modified and exaggerated the action of normal vaccine lymph.
(c) "That the abnormal result was due to some deleterious property of the lymph."

Here then was a death, in which no fault could be found with the mode of operation, no loophole was left through which vaccination could be "preserved from reproach" and yet no vaccinist has yet acknowledged that a practice should cease to be inflicted <u>upon the healthy</u>, fraught with such dangers.

The foregoing will serve as samples of this group.

A case of Tetanus has already been presented ~~classed~~ under ~~Group E., in~~ Class E. supra p.
~~Class~~ E. In ~~the~~ the same Class E: ~~is~~ is W.A.S.. male;
Case XXXVI. ~~we have a somewhat similar case where~~ in which scarlatina is called in to "Preserve Vaccination from reproach". It ought to be enough to observe that there was no evidence or symptom of scarlatina until <u>after</u> the child had been vaccinated when <u>phlegmanous erysipelas</u> ~~also~~ set in of which the child died.

Case LIII. was also alleged to be a case of scarlet fever. It was also a case of three successive vaccinations; one on the 2nd. of April, 1889, by Deputy Pub. Vac., with humanized, store in tube with glycerine: next on April 9th., by same operator with similar lymph, also unsuccessful; and third on April 16th. by the Public Vaccinator himself, with <u>Calf-lymph</u> from the Jenner Institute (NO. supra p.)

Died, May 12th., 1889.

Course of vaccination; i.e. of that of the 16th. April.

"Normal until the 13th. day, when the scabs dropped off and the wounds began to discharge, coalescing to form a single ulcer." The medical man, called in on the second of May found a large crateriform ulcer, with surrounding inflammation; the child vomited on that day, and the following day a scarlet rash appeared on the trunk and limbs, which lasted till May 6th. The child grew weaker and died on the 12th. of May, the sore continuing to discharge, whilst the arm was much swollen from shoulder to elbow, and the axillary glands were enlarged."